



Willow Grove Primary School
Main Road, Willow Grove VIC 3825
P (03) 5635 2271
F (03) 5635 2259
willow.grove.ps@edumail.vic.gov.au
www.willowgroveps.vic.edu.au

Our values –
Respect, Resilience, Team Work
and Community

Dear Parent/Guardian,

Thank you for choosing Willow Grove Primary School as the next step in your child's education.

Enrolment Pack

This enrolment pack contains the information we need to get things started. In your pack you will find:

Enrolment Form

This form must be completed for all children enrolled at our school. The form contains important student and family information as well as information required by the Commonwealth Government. We understand the confidential nature of some of the information requested. Please refer to the attached 'Privacy Collection Statement' regarding the treatment of information provided by you on this form.

Please also attach a copy of your child's birth certificate and immunisation record before returning the enrolment form to school.

Asthma Action Plan

If your child has Asthma, this form (or other applicable form available from the Asthma Foundation) should be completed and signed by a medical professional, then returned to school with the Enrolment Form.

Application for Permission to Travel – Eligible Students

If you would like your child to travel to and from school using the school bus service, please complete this Application Form. You must live more than 4.8km away from the school to qualify for free travel. We will contact you to determine if you can access the bus route.

Acceptable Use Agreement - Digital Technologies Form

This form details our expectations regarding student use of Digital Technologies in our school. By signing this form you agree to allow your child to access the internet and on-line sites at school and use our range of digital devices: iPads, Tablets and netbooks according to the terms of the agreement.

Photographing, Filming and Recording of Students (Opt-Out) Form

At Willow Grove Primary School 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 and communicating these to our school community at assemblies and in our newsletter etc.

We understand 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). Please read the attached Consent Form carefully, and if you are comfortable with the school using photos, video or recordings of your child as described, 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 and return it to school with the enrolment form.



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Parent Information Book

In addition to this enrolment pack, you will also find a Parent Information Book. The information book contains information regarding functions and expectations that apply more specifically to our school, such as our staffing profile, uniform policy etc.

Documentation Checklist

Please use the checklist below to ensure you have included all relevant documentation before returning your application:

- Completed Enrolment Form (including signatures on pages 10 & 11)
- Copy of Birth Certificate
- Copy of Immunisation Record
- Copy of Family Court Orders (if required)
- Asthma Action Plan (if required)
- Application for Permission to Travel (for school bus travelers only)
- Acceptable Use Agreement - Digital Technologies Form
- Photographing, Filming and Recording of Students Form (if choosing to opt-out only)

If you require any assistance, or have any questions when completing these forms, please feel free to contact us.

We look forward to welcoming your family to our school.

Yours Faithfully

Anthony Wilson
Principal

WILLOW GROVE PRIMARY SCHOOL



STUDENT ENROLMENT INFORMATION – 20__	Computer Generated Student ID:	
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STUDENT DETAILS PERSONAL DETAILS OF STUDENT

Surname:	Title: (Miss Ms, Mrs, Mx, Mr)
First Given Name:	
Second Given Name:	
Preferred Name (if applicable):	
♣ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____ (fill in blank)	
Student Mobile Number:	Birth Date: (dd-mm-yyyy) ___ / ___ / ___

PRIMARY FAMILY HOME ADDRESS:

No. & Street: or PO Box details	
Suburb:	
State:	Postcode:
Telephone Number:	Silent Number: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Number:	Fax Number:

OFFICE USE ONLY

Child's Name and Birth Date proof sighted (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrolment Date:		
Year Level	Home Group	Timetabling Group	House	Campus		
Student Email Address:						
Immunisation Certificate received?: (tick)		<input type="checkbox"/> Complete		<input type="checkbox"/> Not sighted		
Is there a Medical Alert for the student? (tick)		<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Does the student have a Disability ID Number? (tick)		<input type="checkbox"/> No		<input type="checkbox"/> Yes		Disability ID No.:
Has a Transition Statement been provided (either by the Early Childhood Educator or parents)? (tick) <small>For prep students only</small>		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Pending

FAMILY DETAILS

List any other family members 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.

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.

ADULT A DETAILS (PRIMARY CARER):

Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____ <small>fill in blank</small>
Title: (Ms, Mrs, Mr, Mx, 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 highest qualification the Adult A has completed? (tick one) <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No 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'. <input type="checkbox"/>

ADULT B DETAILS:

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____ <small>fill in blank</small>
Title: (Ms, Mrs, Mr, Mx, 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 highest qualification the Adult B has completed? (tick one) <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No 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'. <input type="checkbox"/>

❖ 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:	Preferred language of notices:
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

PRIMARY FAMILY CONTACT DETAILS

ADULT A CONTACT DETAILS:

Business Hours:

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

After Hours:

Is Adult A usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		
Mobile No:		
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult A's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)		
<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone		
Email address:		
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fax Number:		

ADULT B CONTACT DETAILS:

Business Hours:

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

After Hours:

Is Adult B usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		
Mobile No:		
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult B's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)		
<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone		
Email address:		
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fax Number:		

PRIMARY FAMILY MAILING ADDRESS:

Write "As Above" if the same as Family Home Address

No. & Street or PO Box	
Suburb:	
State:	Postcode:

PRIMARY FAMILY DOCTOR DETAILS:

Doctor's Name		Individual or Group Practice: <input type="checkbox"/> Individual <input type="checkbox"/> Group (tick)	
No. & Street or PO Box No.:			
Suburb:			
State:		Postcode:	
Telephone Number		Fax Number	
Current Ambulance Subscription: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		Medicare Number:	

PRIMARY FAMILY EMERGENCY CONTACTS:

	Name	Relationship (Neighbour, Relative, Friend or Other)	Telephone Contact	Language Spoken (If English Write "E")
1				
2				
3				
4				

PRIMARY FAMILY BILLING ADDRESS:

Write "As Above" if the same as Family Home Address

No. & Street or PO Box			
Suburb:			
State:		Postcode:	
Billing Email	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B	<input type="checkbox"/> Other (Please Specify)	

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

Send Correspondence addressed to: (tick one)	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both Adults	<input type="checkbox"/> Neither
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SCHOOL DETAILS

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?	
<p>Does the student have a Victorian Student Number (VSN)?</p> <p> <input type="checkbox"/> Yes. <input type="checkbox"/> Yes, but the VSN is unknown <input type="checkbox"/> No. The student has never been issued a VSN. </p> <p>Please specify:</p> <div style="display: flex; gap: 5px;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>			
Years of interruption to education:		Is the student repeating a year? (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
Other school Name:	Time fraction:	0.	Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No

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 the School Policy & Advisory Library for more information <https://www2.education.vic.gov.au/pall/enrolment/policy>

Enrolment conditions <ul style="list-style-type: none"> • •

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

STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

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"/> Parenting Order	<input type="checkbox"/> Parenting Plan	<input type="checkbox"/> Intervention Order	<input type="checkbox"/> Protection Order
	<input type="checkbox"/> Informal Carer Stat Dec	<input type="checkbox"/> DHHS Authorisation	<input type="checkbox"/> Witness Protection Program Order	<input type="checkbox"/> Other
Describe any Access Restriction:				
Is there an Activity Alert for the student? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If Yes, then describe the Activity Restriction:				
OFFICE USE ONLY				
Current custody document placed on student file? <input type="checkbox"/> Yes <input type="checkbox"/> No				

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
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

ASTHMA MEDICAL CONDITION DETAILS:

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

Please indicate if the student suffers from any of the following symptoms: (tick)		If my child displays any of these symptoms please: (tick)	
<input type="checkbox"/> Cough		Inform Doctor	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Difficulty Breathing		Inform Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Wheeze		Administer Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Exhibits symptoms after exertion		Other Medical Action	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Tight Chest		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"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other
Medication is stored: (tick)		<input type="checkbox"/> with Student	<input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <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.)

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 taken:		Indicate how frequently the medication is taken:	
Medication is usually administered by: (tick)		<input type="checkbox"/> Student	<input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other
Medication is stored: (tick)		<input type="checkbox"/> with Student	<input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere
Dosage time	Reminder required? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Poison Rating

STUDENT DOCTOR DETAILS

The following details should **only** be provided if this student has a Doctor and/or Medicare number different to the Primary Family.

Doctor's Name:	
Individual or Group Practice: (tick) <input type="checkbox"/> Individual <input type="checkbox"/> Group	
No. & Street or PO Box No.:	
Suburb:	
State:	Postcode:
Telephone Number	Fax Number
Student Medicare Number:	

STUDENT EMERGENCY CONTACTS

This section should **ONLY** be filled out if **THIS** student has emergency contacts other than the Prime Family Emergency Contacts.

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

ONLY COMPLETE THIS PAGE WHERE THE STUDENT HAS DIFFERENT DOCTOR AND EMERGENCY CONTACTS TO THOSE OF THE PRIMARY FAMILY LISTED EARLIER

MEDICAL AUTHORITY

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

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

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

LOCAL EXCURSIONS

Local excursions are excursions to locations within walking distance of the school and do not involve 'Adventure Activities'.

Local excursions that your child may participate in while enrolled at Willow Grove Primary School could include but are not limited to:

- Physical Education lessons at the Willow Grove Tennis Courts or the Hill End & Grove Rovers Football Oval.
- Other Educational Activities – such as excursions to Blue Rock Lake walking track and the Willow Grove Community Hall to participate in activities deemed beneficial to the class program by the teacher(s).

Notification of local excursions

Willow Grove Primary School will NOT seek further consent from you before local excursions take place. However, we will provide advance notice to parents/carers of upcoming local excursions via email or a class note. For local excursions that occur on a recurring basis, we will notify parents/carers once only prior to the commencement of the recurring event, e.g.; weekly sports lessons at the local oval.

First aid and Medical Attention

Where necessary, school staff will administer first aid. 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 and Training is liable in negligence (liability is not automatic).

Accident and ambulance cover

The Department of Education and Training does not provide student accident insurance or ambulance cover. Parents may wish to obtain this cover, depending on their health insurance arrangements and any other personal considerations.

Parent/carer consent for local excursions

I have read all of the above information in relation to local excursions. I understand that:

- to ensure the school has up-to-date health and contact information about my child, I need to inform the school if this information changes
- the school will notify me prior to a local excursion(s) taking place
- I may withdraw my consent for any/all local excursions at any time prior to the day of the excursion by contacting the teacher in charge or the Principal.

I give permission for my child (named on page 1 of this enrolment form) to attend local excursions while enrolled at Willow Grove Primary School.

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

HEAD LICE INSPECTIONS

We ask parents/carers to support our school staff to control and prevent the spread of head lice at Willow Grove Primary School in accordance with our schools Head Lice Policy which can be found on our website at: <http://www.willowgroveps.vic.edu.au/policies/>. While there is no requirement for schools to undertake head lice inspection programs, we may make visual inspections of student hair (excluding physical contact) without parental consent. Head lice inspections involving physical examination do require parental consent. In the interests of all children and adults attending Willow Grove Primary School we seek your permission to undertake physical head lice inspections where deemed necessary by school staff.

Parent/carer consent for head lice inspections

I have read all the above information in relation to head lice inspections. I understand that:

- my child's hair will only be physically inspected when head lice are suspected to control and prevent the spread of head lice at Willow Grove Primary School
- only persons authorised by the Principal (e.g. school staff member or school nurse) will conduct the inspections
- discretion will be used to avoid identifying individuals when informing the school community about an infestation
- I may withdraw my consent for physical head lice inspections at any time by contacting the Principal or Business Manager

I give permission for my child (named on page 1 of this enrolment form) to participate in physical head lice inspections while enrolled at Willow Grove Primary School.

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

PRIVACY COLLECTION STATEMENT

I have read and understand the Enrolment Form Privacy Collection Statement. I consent to have the information dealt with in the manner described.

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

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.

I certify that the information contained within this form is correct.

Parent/carer: _____ (full name)

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

PARENTAL OCCUPATION GROUP CODES

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

PRIVACY COLLECTION STATEMENT - Enrolment Information for parents and carers

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

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

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

Protecting your privacy and sharing information

The information about your child and family collected through this Enrolment Form will only be shared with school staff who need to know, to enable our school to educate or support your child. Information will only be shared outside the Department of Education and Training as required or authorised by law, including where sharing is required in order for the Department of Education and Training to meet its duty of care, anti-discrimination, occupational health and safety, and child wellbeing and safety obligations. The information collected will not be disclosed beyond the Department of Education and Training without your consent, unless such disclosure is lawful.

For more about information-sharing and privacy, see our school's privacy policy:

<https://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx>

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

Our school may use online tools, such as apps and other software, to effectively collect and manage information about your child for teaching and learning purposes, parent communication and engagement; student administration; and school management purposes. When our school uses these online tools, we take steps to ensure that your child's information is secure. If you have any concerns about the use of these online tools, please contact us.

Emergency contacts

Emergency contacts are those people you nominate for the school to contact during an emergency. Please ensure your nominated emergency contact agrees to you providing their contact details to our school and that they have read the paragraph above. It is important that you inform them that their contact details may be disclosed beyond the Department if lawful.

Student background information

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

needs in Victoria and shares some information with the Commonwealth government to monitor, plan and allocate resources.

Immunisation status

Your child's immunisation status assists our school to manage health risks for children. The Department may also provide this information to the Department of Health and Human Services to assess immunisation rates in Victoria, but not in a way which identifies you.

Visa status

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

Updating your child's personal and health information

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

Accessing your child's records

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

Student transfers between Victorian government schools

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