Students Name __________________________

Year Level __________________________

Home Group __________________________

Please ensure all areas of the enrolment form are completed including the publicity, religious education and headlice pages.

A copy of your child’s birth certificate and immunization certificate will be required (we are able to copy originals at the school for you).
PRIMARY SCHOOL PRIVACY NOTICE

Information About The Enrolment Form.

Please Read This Notice Before Completing The Enrolment Form.

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 Drouin West Primary School can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Drouin West Primary School and the Department of Education and Training are required by law to protect the information provided by this enrolment form.

Health information is asked for so that staff at Drouin West Primary School 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. Drouin West Primary School depends on you to provide all relevant health information because withholding some health information may put your child’s health at risk.

Drouin West 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 to Drouin West Primary School. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Principal, Mrs. Kerry Ware, if you would like to discuss, in strict confidence, any matters relating to family arrangements.

Emergency Contacts
These are people that Drouin West Primary School 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 Drouin West Primary School.

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 Drouin West Primary 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 Drouin West Primary School 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 Drouin West Primary School to process your child’s enrolment.

Updating Your Child’s Records
Please let Drouin West Primary School know if any information needs to be changed by sending updated information to the school office. During your child’s time with Drouin West Primary School 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 Department can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form. Please call the Department’s Privacy Manager on (03) 9637 3601 if you would like this information.
Drouin West Primary School
Student Enrolment Information

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

Personal Student Details: A copy of the birth certificate must be provided to the school before a child can be accepted for enrolment.

<table>
<thead>
<tr>
<th>Title: (Miss, Ms, Mr)</th>
<th>Surname:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Given Name:</td>
<td>Second Given Name:</td>
</tr>
<tr>
<td>Preferred Name: (if applicable)</td>
<td></td>
</tr>
</tbody>
</table>

Sex: (tick) Male Female

Birth Date: (dd-mm-yyyy) __ __ / __ __ / __ __ __ __

Family Details:
List any other family members attending this school:

Primary Family Details:

NOTE: The ‘PRIMARY’ Family is: “the family or parent the student mostly lives with” - Alternative and Additional family forms are available from the school if required. As the School Start Bonus will be sent to the “Primary Carer” of Prep and Year 7 students, it is imperative that the legal surname, legal first name and legal second name are recorded.

Adult A Details (Primary Carer): EG: Mother/Female Guardian/Female Carer

<table>
<thead>
<tr>
<th>Title: (Ms, Mrs, Dr, etc.)</th>
<th>Legal Surname:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal First Name:</td>
<td>Occupation:</td>
</tr>
<tr>
<td>Employer:</td>
<td></td>
</tr>
<tr>
<td>Country of Birth:</td>
<td></td>
</tr>
<tr>
<td>(Tick) Australia Other: (Please specify)</td>
<td></td>
</tr>
</tbody>
</table>

Does Adult A speak a language other than English at home? (Tick)

- No
- Yes* (Please specify): 

*If more than one language is spoken at home, indicate the one that is spoken most often.
Please indicate any additional language spoken by Adult A:

Is an interpreter required? (Tick) Yes 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.’)

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below

What is the highest qualification level Adult A has completed? (Tick one)

- Bachelor Degree or above
- Advanced Diploma/Diploma
- Certificate 1 to IV (including trade certificate)
- No non-school qualification

What is the occupation group of Adult A? (Please enter the letter of the appropriate 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 paid work for the last 12 months, enter ‘N’.)
Adult B Details: EG. Father / Male Guardian / Male Carer

Title: (Mr, Dr, etc.) __________________________ Legal Surname: __________________________
Legal First Name: __________________________ Occupation: __________________________
Employer: __________________________
Country of Birth: (Tick) __________________________
Australia: __________________________ Other: (Please specify) __________________________

Does Adult B speak a language other than English at home? (Tick)

- No
- Yes* (Please specify): __________________________
  *If more than one language is spoken at home, indicate the one that is spoken most often.
  Please indicate any additional languages spoken by Father/Male Guardian/Male Carer:
  __________________________

Is an interpreter required? (Tick) __________________________ Yes __________________________ 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’.)

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below

What is the highest qualification level Adult B has completed? (Tick one)

- Bachelor Degree or above
- Advanced Diploma / Diploma
- Certificate 1 to IV (including trade certificate)
- No non-school qualification

What is the occupation group of Father/Male Guardian/Male Carer? (Please enter the letter of the appropriate 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 paid work for the last 12 months, enter "N".)

Primary Family Details:

- Main language spoken at home: __________________________
- Preferred language of notices: __________________________

Assistance with School Group Activities:

- Would Adult A be interested in helping out the school with School Council, excursions or similar activities? (Tick) __________________________ Yes __________________________ No __________________________
- Would Adult B be interested in helping out the school with School Council, excursions or similar activities? (Tick) __________________________ Yes __________________________ No __________________________

Adult A Contact Details (Primary Carer):

- May we contact Adult A at work? (Tick) __________________________ Yes __________________________ No __________________________
- Is Adult A usually home during business hours? (Tick) __________________________ Yes __________________________ No __________________________
- Work Telephone Number: __________________________
- Other Work Contact Information: __________________________
- Is Adult A usually home after business hours? (Tick) __________________________ Yes __________________________ No __________________________
- Home Telephone Number: __________________________
- Mobile Number: __________________________
- Other After Hours Contact Information: __________________________
- Adult A’s preferred method of contact: (Tick one) __________________________ Mail __________________________ Email __________________________
- Email Address: __________________________
### Adult B Contact Details:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>May we contact Adult B at work?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is Adult B usually home during business hours?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Work Telephone Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Work Contact Information:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is Adult B usually home after business hours?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Home Telephone Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other After Hours Contact Information:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult B’s preferred method of contact: (Tick one)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email Address:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Primary Family Home Address:

<table>
<thead>
<tr>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number and Street:</td>
</tr>
<tr>
<td>Suburb:</td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>Postcode:</td>
</tr>
<tr>
<td>Telephone Number:</td>
</tr>
<tr>
<td>Silent Number: (Tick)</td>
</tr>
<tr>
<td>Mobile Number:</td>
</tr>
<tr>
<td>Fax Number:</td>
</tr>
</tbody>
</table>

### Primary Family Mailing Address:

Write “As Above” if the same as Primary Family Home Address

<table>
<thead>
<tr>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number and Street/ or Box Number:</td>
</tr>
<tr>
<td>Suburb:</td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>Postcode:</td>
</tr>
</tbody>
</table>

### Primary Family Billing Address:

Write “As Above” if the same as Primary Family Home Address

<table>
<thead>
<tr>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number and Street/ or Box Number:</td>
</tr>
<tr>
<td>Suburb:</td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>Postcode:</td>
</tr>
</tbody>
</table>

### Primary Family Doctor Details:

<table>
<thead>
<tr>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor’s Name:</td>
</tr>
<tr>
<td>Individual or Group Practice: (Tick)</td>
</tr>
<tr>
<td>Name of Practice: (If applicable)</td>
</tr>
<tr>
<td>Number and Street:</td>
</tr>
<tr>
<td>Suburb:</td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>Postcode:</td>
</tr>
<tr>
<td>Telephone Number:</td>
</tr>
<tr>
<td>Fax Number:</td>
</tr>
<tr>
<td>Does the Primary Family have a current Ambulance Subscription? (Tick)</td>
</tr>
<tr>
<td>Medicare Number:</td>
</tr>
</tbody>
</table>

### Primary Family Emergency Contacts: Please use a contact other than the Primary Carers as their details are on the previous pages.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship (Neighbour, Relative, Friend or Other)</th>
<th>Telephone Contact</th>
<th>Language Spoken (If English write &quot;E&quot;)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Other Primary Family Details:**

<table>
<thead>
<tr>
<th>Relationship of Adult A to student: (Tick one)</th>
<th>Parent</th>
<th>Step-parent</th>
<th>Adoptive Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Parent</td>
<td>Host Family</td>
<td>Relative</td>
<td></td>
</tr>
<tr>
<td>Friend</td>
<td>Self</td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship of Adult B to student: (Tick one)</th>
<th>Parent</th>
<th>Step-parent</th>
<th>Adoptive Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Parent</td>
<td>Host Family</td>
<td>Relative</td>
<td></td>
</tr>
<tr>
<td>Friend</td>
<td>Self</td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

- The student lives with the Primary Family: (Tick one)
  - Always
  - Mostly
  - Balanced
  - Occasionally
  - Never

- Send Correspondence addressed to: (Tick one)
  - Mother/Female Guardian
  - Father/Male Guardian
  - Both Parents/Guardians
  - Other ............................

**Demographic Details of Student:**

- **In which country was the student born?**
  - Australia
  - Other: (please specify) __________

- What is the Residential Status of the student? (Tick)
  - Permanent
  - Temporary

- Basis of Australian Residency:
  - Eligible for Australian Passport
  - Holds Australian Passport
  - Holds Permanent Residency Visa

- Date of arrival in Australia OR date of return to Australia: (dd-mm-yyyy) __ __ / __ __ / __ __ __ __
- Visa Expiry Date: (dd-mm-yyyy) __ __ / __ __ / __ __ __ __
- Visa Sub Class: __________

- Visa Statistical Code: (Required for some sub-classes) __________

- **Does the student speak a language other than English at home?** (Tick)
  - No, English only
  - Yes* (Please specify)
  *If more than one language is spoken at home, indicate the one that is spoken most often.

- Does the student speak English? (Tick)
  - Yes
  - No

- **Is the student of Aboriginal or Torres Strait Islander origin?** (Tick one)
  - No
  - Yes, Torres Strait Islander
  - Yes, Aboriginal
  - Yes, Aboriginal and Torres Strait Islander

- What is the student’s living arrangement? (Tick one) #See attached sheet for a full explanation of Living Arrangement codes.
  - At home with TWO Parents/Guardians
  - At home with ONE Parent/Guardian
  - Arranged by State Out-of-Home Care

- Usual mode of transport to school: (Tick one)
  - Walking
  - Bicycle
  - School Bus
  - Public Bus
  - Train
  - Tram
  - Driven
  - Taxi
  - Other

- Distance to school in kilometres: __________

- Student’s Religion: __________
**School Details:**

| Date of first enrolment in an Australian school: (dd / mm / yyyy) | ___ / ___ / ___ ___ ___ |
| Name of previous school / kindergarten: |
| What was the language of the student's previous education: |
| Years of previous education: |
| Years of interruption to education: |
| Is the student repeating a year? (Tick) | [ ] Yes [ ] No |
| Does the student require an Integration Aide? (Tick) | [ ] Yes [ ] No |
| Will the student be attending this school full time? (Tick) | [ ] Yes [ ] No |
| If NO, what will be the time fraction that the student will be attending this school? (i.e. 0.8 = 4 days per week) |
| Does the student have a Victorian Student Number (VSN)? |
| [ ] Yes. Please Specify |
| [ ] Yes, but the VSN is unknown |
| [ ] No. The student has never been issued a VSN |

---

**Student Access or Activity Restrictions Details:**

| Is the student at risk? (Tick) | [ ] Yes [ ] No |
| Is there an Access Alert for the student? (Tick) | [ ] Yes [ ] No |
| Access Restriction Type: (Tick) | [ ] Court Order [ ] Family Law Order [ ] Restraining Order [ ] Other |
| Describe any Access Restriction: |
| Is there an Activity Alert for the student? (Tick) | [ ] Yes [ ] No |

---

| Is there a medical alert for the student? (Tick) | [ ] Yes [ ] No |
| Does the student have a Disability ID Number? (Tick) | [ ] Yes [ ] No |
| Disability ID Number: |

---

**Accident 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/Carer: ____________________________ Date: ______________

Signature of Parent/Guardian/Carer: ____________________________ Date: ______________
**Student Medical and Immunization Details:**

### Medical Condition Details:

<table>
<thead>
<tr>
<th>Impairment</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobility</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Does the student suffer from any of the following impairments? (Tick)

**Does the student suffer from Asthma?** (Tick)

*If NO, please go to the Other Medical Conditions section.*

---

**Immunization Details of Student:** It is a department regulation that a copy of the immunization certificate is provided to the school.

What is the student’s Immunization Status? (Tick)

- [ ] Complete Immunization
- [ ] Partial Immunization
- [ ] Not Immunized

---

**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.

<table>
<thead>
<tr>
<th>Details</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor's Name</td>
<td></td>
</tr>
<tr>
<td>Name of Practice</td>
<td></td>
</tr>
<tr>
<td>Number and Street</td>
<td></td>
</tr>
<tr>
<td>Suburb</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Postcode</td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Fax Number</td>
<td></td>
</tr>
<tr>
<td>Student’s Medicare Number</td>
<td></td>
</tr>
</tbody>
</table>

---

**Other Medical Conditions:**

More copies of ‘Other Medical Condition’ forms are available on request at the school office.

Does the student have any other Medical Condition? (Tick)

- [ ] Yes
- [ ] No

If YES, please specify:

Symptoms:

---

If my child displays any of the symptoms above please: (Tick)

<table>
<thead>
<tr>
<th>Action</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inform Doctor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administer Medication</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If YES, please specify:

---

Does the student take medication for the above medical condition? (Tick)

- [ ] Yes
- [ ] No

Name of medication taken:

Is the medication taken regularly by the student preventative or only in response to symptoms? (Tick)

- [ ] Preventative
- [ ] Responsive

Indicate the usual dosage of medication taken:

Indicate how frequently the medication is taken:

Medication is usually administered by: (Tick)

- [ ] Student
- [ ] Nurse
- [ ] Teacher
- [ ] Other

Is a reminder required for the student to take their medication? (Tick)

- [ ] Yes
- [ ] No

Medication is stored: (Tick)

- [ ] with Student
- [ ] with Teacher
- [ ] in fridge in Staff Room
- [ ] Elsewhere

What is the Poison Rating of the medication being taken?
Asthma Medical Condition Details:
Please 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)

- [ ] Cough
- [ ] Difficulty Breathing
- [ ] Wheeze
- [ ] Exhibits symptoms after Exertion
- [ ] Tight Chest

If my child displays any symptoms please: (Tick)

- [ ] Inform Doctor
- [ ] Inform Emergency Contact
- [ ] Administer Medication
- [ ] Other Medical Action

If YES please specify: ____________________________

<table>
<thead>
<tr>
<th>Has an Asthma Management Plan been provided to School? (Tick)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes [ ] No</td>
</tr>
</tbody>
</table>

(Asthma Management Plan forms are available from the office)

<table>
<thead>
<tr>
<th>Does the student take medication for the above medical conditions? (Tick)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes [ ] No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of medication taken:</th>
</tr>
</thead>
<tbody>
<tr>
<td>________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is the medication taken regularly by the student preventative or only in response to symptoms? (Tick)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Preventative [ ] Responsive</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicate the usual dosage of medication taken:</th>
</tr>
</thead>
<tbody>
<tr>
<td>____________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicate how frequently the medication is taken:</th>
</tr>
</thead>
<tbody>
<tr>
<td>____________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medication is usually administered by: (Tick)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Student [ ] Nurse [ ] Teacher [ ] Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is a reminder required for the student to take their medication? (Tick)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes [ ] No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medication is stored: (Tick)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] with Student [ ] with Teacher [ ] in fridge in Staff Room [ ] Elsewhere</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What is the Poison Rating of the medication being taken?</th>
</tr>
</thead>
<tbody>
<tr>
<td>____________________________</td>
</tr>
</tbody>
</table>

Student Emergency Contacts:

This section should **ONLY** be filled out if **THIS STUDENT** has emergency contacts **OTHER** than the Primary Family Emergency Contacts.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship (Neighbour, Relative, Friend or Other)</th>
<th>Telephone Contact</th>
<th>Language Spoken (If English write &quot;E&quot;)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 Drouin West Primary School.

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

Signature of Parent/Guardian: ____________________________ Date: ____________
Signature of Parent/Guardian: ____________________________ Date: ____________
CONSENT for PUBLICITY

Drouin West Primary School undertakes many exciting and innovative activities. We are proud of our teacher’s commitment and our student’s achievements and at times wish to acknowledge and promote everyone’s efforts.

For the duration of your child’s/children’s enrolment at Drouin West Primary School, throughout the years there will be many occasions (EG. Thank you morning tea), events (EG. Assembly), excursion, camps and activities (EG. Crazy Hair Day, Footy Day, Camp) that we like to highlight as a means of promoting our wonderful school to the broader community. This can be done via newsletters, newspapers, school flyers, school website and other forms of promotional materials.

Students, families and staff also like to record and keep a memento of those occasions, events, excursion, camps and activities. It is wonderful to be able to look back on the special times that form our lives. This can be done via photos or digital imaging: requiring parent/guardian permission.

Students’ work, photos or digital images will be identified with the students’ first name, class or year number. If an individual photograph and full name is required, we will only publish this on the website with consent of the parent/guardian/carer.

All photography will be under the supervision of school staff or an adult appointed by staff.

As events are occurring we will remind you that publicity will be taking place, if your circumstances have changed and you no longer wish your child to take part please let the school know.

We require permission for your child’s name and/or photo to appear in our historical or promotional materials described above.

Please complete and return the form below.

CONSENT for PUBLICITY

I, _________________________________________________(parent/guardian/carer)

consent/do not consent to my child, ___________________________________________

being photographed and named to help promote our school for the duration of his/her enrolment at Drouin West Primary School. I am aware that their photo or work could be used through newsletters, newspapers, school flyers, school website and other forms of promotional materials.

Parent/Guardian/Carer’s signature: __________________________ Date:__________
CONSENT FORM TO CONDUCT HEAD LICE INSPECTIONS

Permission to cover the duration of the student’s school at:  
Drouin West Primary School

For the many families and teachers, of primary school aged children, head lice continue to create concerns. While it is known that head lice do not carry any infectious disease here at Drouin West, the Principal, teaching staff and school council have developed a parent-managed, head lice program to help parents manage head lice. A group of trained volunteer parents at the school have coordinated the program and it is fully supported by the Principal, teaching staff and the School Council.

Program goals include:

1. Reduce the spread of head lice.
2. Reduce the frustration and misinformation associated with head lice
3. Decrease the concerns regarding head lice within the school community
4. Protect families from misusing potentially harmful insecticide treatments
5. Promoting regular home based screening using a conditioner and comb method

We invite you to include your child in our screening program.

If you would like to include your child in our screening program the permission slip below needs to be completed and returned to the school. The program works best when the vast majority of children at the school are involved in a screening program.

If you would prefer to screen your child yourself, information on the best technique is available from the school office.

The volunteers will dry check all hair. There are no toxic chemicals used in this method and no treatment is undertaken at the school.

Regular updates about our program will appear in the newsletter. Interested parents are welcome to participate in the screening program /sessions. The names of the current volunteers are available from the school office.

If there are any questions please feel free to contact the school.

Thank you
Kerry Ware
Principal

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Please circle your response

I give /do not give permission for my child to participate in the Drouin West Primary Head Lice Program.

Parent's/guardian's/carer's full name:  ........................................................................................................................................
Parent's/guardian's/carer's full name:  ........................................................................................................................................
Name of child attending school .......................................................... .......................................................... ..........................................................

I hereby give my consent for the above named child to participate in the school’s head lice inspection program for the duration of their schooling at this school.

Signature of parent/guardian/carer: .................................................. Date: ..................................................
Signature of parent/guardian/carer: .................................................. Date: ..................................................

Please inform the school if guardianship/custody changes for your child, as this form will need to be re-signed to reflect these changes. Please also inform the school in writing if you no longer wish to provide consent for the school to undertake head lice inspections for your child.
Living Arrangements Explanatory Notes:

Student living arrangement information is one component of the Student Learning Needs (SLN) index.

(B) At home with TWO parents / guardians

Where student has regular access to two adults to support them with their education

(O) At home with ONE parent / guardian

Where student has regular access to one adult to support them with their education

(A) Arranged by State-Out of Home Care

Students to be entered in this category are those who have been subject to protective intervention by the Department of Human Services and live in one of the following 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. In Victoria, approximately 4000 children and young people live in out of home care. Students entered in this category are those that the Partnering Agreement: School Attendance and Engagement of Children and Young People in Out of Home Care has been developed to support.

In order to monitor the educational outcomes for this cohort, it is necessary to accurately record and maintain the attendance and achievement records of these students.

(H) HOMELESS Youth:

- Have parents who cannot exercise their parental responsibilities, or
- Finds it unreasonable to live at home because there is:
  - Extreme family breakdown;
  - Serious risk if they continue to live in the parental home;
  - Consistent deprivation of basic necessities such as food, water, clothing, shelter, sleep etc;
  - Threat to health and wellbeing through drug or alcohol abuse, criminal or illegal activity or violence in the home; or
- Are a refugee or orphan not living with parents / guardians

(I) INDEPENDENT students (with extended family or arranged private board):

- Have to live away from home to study
- Are or has been marries or has been living in a marriage-like relationship for at least 12 months, or
- Have a dependant child, or
- Have worked at least 30 hours per week for at least 18 months during the past 2 years.
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.

Please select the appropriate letter from the following list of groups.
- If you are not currently in paid work but have had a job in the last 12 months, or have retired in the last 12 months, please enter the occupation group letter of your last occupation
- If you have not been in paid work for the last 12 months, enter ‘N’ into the ‘occupation code’ field on the enrolment form.

List of Parental Occupations:

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:
  - 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:
  - 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).
Special Religious Instruction – Parent Consent Form (CFMD141)

School Name: Drouin West Primary School

Date form issued: June 18th 2014

Schools are obliged to provide parents with this form if approached by an accredited and approved SRI volunteer. Once this form has been provided to parents and returned forms compiled, the principal will decide whether there are sufficient resources to enable SRI to be offered at the school.

The school has been approached by a Special Religious Instruction volunteer offering SRI in the following religion: Christianity

If it is offered by the school, it will be delivered by the following instructor(s) and organisation(s) with the following religious affiliations:

Volunteer/Instructor Name(s): Kylie Smith, Albert & Joyce Cavanagh, Steve Harber and Heather Finger

Provider who has accredited the Sri volunteer: ACCESS Ministries

Religious affiliation/church: Christian/Baptist, WGl Presbyterian, Rope Factory WGl and WGl Church of Christ

If it is offered, it will be delivered for 30 minutes per week. The program will run all year.

Further information and program overview/materials may be accessed online at: http://www.accesstoministries.org.au/

If offered, I authorize my child/children

<table>
<thead>
<tr>
<th>Student’s Family Name</th>
<th>Student’s First Name</th>
<th>Year Level</th>
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</table>

to participate in Special Religious Instruction in the religion specified above, should it be offered at the school.

I confirm that I have read the information about SRI on page of this form prior to signing ☐

I understand that there may be associated fee to purchase materials for my child’s use in SRI, and that this will be collected once it is determined whether SRI will be offered in the school ☐ (there will be no charge in 2014)

Parent/Guardian’s Name: ____________________________________________

Address: ___________________________________________________________

Signature: ____________________________________________ Date: __/__/____

If you would like your child to participate in SRI, please sign and return this form to the school by Friday, June 27th.

If you do not return this form, your child will not participate in SRI, should it be offered at the school.


Parent Consent Form CFMD141- version 1 17/6/14
Special Religious Instruction – Parent Consent Information

The provision of Special Religious Instruction (SRI), delivered by church and other religious groups, in government schools is authorised under section 2.2.2 of the Education and Training Reform Act 2006.

Special Religious Instruction Policy

SRI may only be offered and delivered in accordance with Department policy and Ministerial Direction MD41. SRI can be offered only where accredited and approved volunteer religious instructors have approached a particular school, are available to provide a special religious instruction program and where a school has the resources to comply with legal requirements and ensure that duty of care obligations are met to all students during SRI.

Schools are obliged to provide parents with this form if approached by an accredited and approved SRI volunteer. Once this form has been provided to parents and returned forms compiled, the principal will decide whether there are sufficient resources to enable SRI to be offered at the school.

MD41 and the policy are available online at http://www.education.vic.gov.au/about/department/legislation/Pages/sri.aspx

What is Special Religious Instruction?

SRI is instruction in the specific religious beliefs and tenets of a religion, and is not to be confused with General Religious Education (GRE). GRE is education about religions (which may or may not include representations of a particular faith to explain the workings and belief structure of their religion), whereas SRI programs are instruction in a particular religion and may include scriptural studies, and instruction in how to live and behave according to the tenets of the particular faith.

SRI does not provide an overview of all faiths or religions. Each particular SRI offering is instruction in one faith only, provided by a church or other religious group. Given the religious nature of the program, the Department of Education and Early Childhood Development does not endorse program content used to deliver SRI by accredited volunteer instructors.

Who delivers Special Religious Instruction?

Special Religious Instruction is available to schools in a range of faiths including Christianity, Catholicism, Orthodox Christianity, Judaism, Buddhism, Hinduism, Islam, Bahai, and Siliham. The religions available to schools will very depending on whether any instructors approach the school. Currently the providers accrediting the volunteer special religious instructors are:

<table>
<thead>
<tr>
<th>Religion</th>
<th>Agency/Provider</th>
<th>Website for further information</th>
<th>Provider phone number</th>
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<tbody>
<tr>
<td>Catholicism</td>
<td>Catholic Education Office</td>
<td><a href="http://www.catholic.edu.au/">http://www.catholic.edu.au/</a></td>
<td>9038 9028</td>
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<tr>
<td>Buddhist</td>
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<tr>
<td>Orthodox Christianity</td>
<td>Religions For Peace Australia (RFP)</td>
<td><a href="http://religionsforpeaceaustralia.org.au/">http://religionsforpeaceaustralia.org.au/</a></td>
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<tr>
<td>Bahai</td>
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<td>Siliham</td>
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<tr>
<td>Hinduism</td>
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</table>

Volunteer instructors are associated with a church or religious organisation. Their role is not that of a teacher. To obtain accreditation, they must have undertaken training through one of the providers listed above, and signed up to a code of conduct which outlines how they are to conduct themselves in a government school. It is a requirement of accreditation that volunteers are a valid working with children check.

Participation in Special Religious Instruction

Participation in Special Religious Instruction is voluntary. Schools cannot place children in SRI unless parental consent is provided for a child to participate (opt in). SRI materials are available online and via the agency delivering SRI for parents to review.

Parents are required to complete and return this form to the school if they wish their child to participate in SRI, should it be offered at the school. If this form is not returned, the child will not participate in SRI, should it be offered. Students not participating in SRI will be engaged in educationally valuable activities that are outside the core curriculum in a separate classroom or learning space to the students participating in SRI.

If SRI is in more than one religion is being offered at your child's school, you will be provided with a consent form for each religion.

You may withdraw your child/children from Special Religious Instruction at any time by notifying the school principal in writing.

Further Information

MD41 and Department policy can be accessed at http://www.education.vic.gov.au/about/department/legislation/Pages/sri.aspx