

# Keilor Heights Primary School

No. 4877

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## **KEILOR HEIGHTS PRIMARY SCHOOL ENROLMENT INFORMATION**

Any questions marked with a marked with a ❖ symbol is asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.

### **ELEGIBILITY TO ENROL IN A VICTORIAN GOVERNMENT SCHOOL**

Please ensure you bring the following with you when submitting this enrolment form and photocopies will be made of all original documents.

- Original Birth Certificate/Passport/Visa Documentation
- Show Australian Citizenship (for parents born overseas)
- Original Immunisation Certificate
- Original proof of Residence eg: Rates or Utilities Notice

If you have any queries, please contact the office on 9336 1739.



Ronald Grove, Keilor East Victoria 3033 Telephone: 9336 1739 Email: [keilor.heights.ps@education.vic.gov.au](mailto:keilor.heights.ps@education.vic.gov.au)

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How often does this student live at this address?

Always  Mostly  Balanced (50%)

If the student lives at another address during the school week, please provide further details including the address, who they reside with and how many days a week the student lives there:

## Siblings

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

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

| Name | Current Year Level | Reside at same residential address as the student   |
|------|--------------------|---|
| 1    |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| 2    |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| 3    |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| 4    |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |

## PARENT/CARER DETAILS

### Enrolling Adult 1

|                  |   |
|------------------|---|
| Title            |   |
| First Given Name |   |
| Surname          |   |
| Gender           | <input type="checkbox"/> Male <input type="checkbox"/> Female<br><input type="checkbox"/> Self-described: _____ |

#### Adult 1 Relationship to student:

Parent  Step Parent  
 Host Family  Relative  
 Self (adult student / mature minor)  Friend  
 Foster Parent  Other: \_\_\_\_\_

#### Student lives with Adult 1:

Always  Mostly  
 Balanced (50%)  Occasionally

No. & Street Address:

Suburb:

State: Postcode

### Enrolling Adult 2

|                  |   |
|------------------|---|
| Title            |   |
| First Given Name |   |
| Surname          |   |
| Gender           | <input type="checkbox"/> Male <input type="checkbox"/> Female<br><input type="checkbox"/> Self-described: _____ |

#### Adult 2 Relationship to student:

Parent  Relative  
 Host Family  Friend  
 Foster Parent  Other: \_\_\_\_\_  
 Step Parent

#### Student lives with Adult 2:

Always  Mostly  
 Balanced (50%)  Occasionally

Address is the same as Enrolling Adult 1  Yes  No (complete below)

No. & Street Address:

Suburb:

State: Postcode

|                           |
|---------------------------|
| <b>Adult 1 Job Title:</b> |
| <b>Adult 1 Employer:</b>  |

|                           |
|---------------------------|
| <b>Adult 2 Job Title:</b> |
| <b>Adult 2 Employer:</b>  |

|   |
|---|
| <b>In which country was Adult 1 born?</b>   |
| <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): _____ |

|   |
|---|
| <b>In which country was Adult 2 born?</b>   |
| <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): _____ |

|  |
|--|
| <b>◆ Does Adult 1 speak a language other than English at home?</b> |
| <input type="checkbox"/> No, English only                          |
| <input type="checkbox"/> Yes (please specify): _____               |

|  |
|--|
| <b>◆ Does Adult 2 speak a language other than English at home?</b> |
| <input type="checkbox"/> No, English only                          |
| <input type="checkbox"/> Yes (please specify): _____               |

|  |
|--|
| <b>Please indicate any additional languages spoken by Adult 1:</b> |
|--|

|  |
|--|
| <b>Please indicate any additional languages spoken by Adult 2:</b> |
|--|

|                                    |                              |                             |
|------------------------------------|------------------------------|-----------------------------|
| <b>Is an interpreter required?</b> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------------|------------------------------|-----------------------------|

|                                    |                              |                             |
|------------------------------------|------------------------------|-----------------------------|
| <b>Is an interpreter required?</b> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------------|------------------------------|-----------------------------|

|  |
|--|
| <b>◆ What is the highest year of primary or secondary school that Adult 1 has completed?</b>                         |
| <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 / no schooling |

|  |
|--|
| <b>◆ What is the highest year of primary or secondary school that Adult 2 has completed?</b>                         |
| <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 / no schooling |

|   |
|---|
| <b>◆ What is the level of the highest qualification that Adult 1 has completed?</b>   |
| <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 |

|   |
|---|
| <b>◆ What is the level of the highest qualification that Adult 2 has completed?</b>   |
| <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 |

|  |
|--|
| <b>◆ What is the occupation group of Adult 1?</b><br>Please select the appropriate current parental occupation group from the attached list at the end of the document.  |
| <ul style="list-style-type: none"> <li>If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached list.</li> <li>If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.</li> </ul> |

|  |
|--|
| <b>◆ What is the occupation group of Adult 2?</b><br>Please select the appropriate current parental occupation group from the attached list at the end of the document.  |
| <ul style="list-style-type: none"> <li>If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached list.</li> <li>If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.</li> </ul> |

|  |
|--|
| <b>What is the main language spoken between the student and adult at home?</b> |
|--|

|  |
|--|
| <b>What is the main language spoken between the student and adult at home?</b> |
|--|

|  |
|--|
| <b>Preferred language of communications:</b> |
|--|

|  |
|--|
| <b>Preferred language of communications:</b> |
|--|

|  |
|--|
| <b>Is Adult 1 interested in being involved in school group participation activities?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(e.g., School Council, excursions)</i> |
|--|

|  |
|--|
| <b>Is Adult 2 interested in being involved in school group participation activities?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(e.g., School Council, excursions)</i> |
|--|

|   |                                     |                                     |
|---|-------------------------------------|-------------------------------------|
| Can we contact Adult 1 during school hours?   | <input type="checkbox"/> Yes        | <input type="checkbox"/> No         |
| Is Adult 1 usually home during school hours?  | <input type="checkbox"/> Yes        | <input type="checkbox"/> No         |
| Home Phone:   |                                     |                                     |
| Work Phone:   |                                     |                                     |
| Mobile:   |                                     |                                     |
| SMS Notifications:  | <input type="checkbox"/> Yes        | <input type="checkbox"/> No         |
| Email Address:  |                                     |                                     |
| Email Notifications:  | <input type="checkbox"/> Yes        | <input type="checkbox"/> No         |
| Adult 1's preferred method of contact:<br>(Email shall be used for communication that cannot be sent via phone) | <input type="checkbox"/> Mobile     | <input type="checkbox"/> Email      |
|   | <input type="checkbox"/> Home Phone | <input type="checkbox"/> Work Phone |
| Specify any other special conditions or times related to contact?   |                                     |                                     |

|   |                                     |                                     |
|---|-------------------------------------|-------------------------------------|
| Can we contact Adult 2 during school hours?   | <input type="checkbox"/> Yes        | <input type="checkbox"/> No         |
| Is Adult 2 usually home during school hours?  | <input type="checkbox"/> Yes        | <input type="checkbox"/> No         |
| Home Phone:   |                                     |                                     |
| Work Phone:   |                                     |                                     |
| Mobile:   |                                     |                                     |
| SMS Notifications:  | <input type="checkbox"/> Yes        | <input type="checkbox"/> No         |
| Email Address:  |                                     |                                     |
| Email Notifications:  | <input type="checkbox"/> Yes        | <input type="checkbox"/> No         |
| Adult 2's preferred method of contact:<br>(Email shall be used for communication that cannot be sent via phone) | <input type="checkbox"/> Mobile     | <input type="checkbox"/> Email      |
|   | <input type="checkbox"/> Home Phone | <input type="checkbox"/> Work Phone |
| Specify any other special conditions or times related to contact?   |                                     |                                     |

## Emergency Contacts

Please provide emergency contacts in the event that the enrolling parents/carers are unavailable. Please ensure those listed as emergency contacts are aware that their information has been provided for this purpose.

| Name | Relationship<br><i>Neighbour, Relative, Friend or Other<br/>(please specify)</i> | Telephone Contact | Language Spoken<br><i>Write E for English</i> |
|------|--|-------------------|---|
| 1    |  |                   |   |
| 2    |  |                   |   |
| 3    |  |                   |   |
| 4    |  |                   |   |

## Billing Details

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

|   |                                  |                                  |   |
|---|----------------------------------|----------------------------------|---|
| Send bills to: (select one)                     | <input type="checkbox"/> Adult 1 | <input type="checkbox"/> Adult 2 | <input type="checkbox"/> Another person / address* (complete details below) |
| Name to be used for all billing correspondence: |                                  |                                  |   |
| No. & Street or PO Box                          |                                  |                                  |   |
| Suburb:   |                                  |                                  |   |
| State:  |                                  | Postcode:                        |   |
| Billing Email:                                  |                                  |                                  |   |

\* Note: If you would like to send bills to another person / address, please ensure Additional Parent/Carer details are completed on pages 13-15.

## Correspondence Details

|  |                                  |                                  |                                      |                                  |
|--|----------------------------------|----------------------------------|--------------------------------------|----------------------------------|
| Send correspondence addressed to: (select one) | <input type="checkbox"/> Adult 1 | <input type="checkbox"/> Adult 2 | <input type="checkbox"/> Both Adults | <input type="checkbox"/> Neither |
|--|----------------------------------|----------------------------------|--------------------------------------|----------------------------------|

## Additional Parents/Carers

|  |
|--|
| Are there additional parents/carers in the student's life? <input type="checkbox"/> Yes (provide details below) <input type="checkbox"/> No (move to next section) |
| Name of Adult 3:   |
| Name of Adult 4:   |

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

## STUDENT DEMOGRAPHICS

|   |   |
|---|---|
| <b>◆ In which country was the student born?</b><br><input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): _____  |   |
| If born overseas, on what date did the student arrive in Australia? (dd-mm-yyyy) _____ / _____ / _____  |   |
| <b>What is the student's residency status? *</b><br><input type="checkbox"/> Australian citizen – holds Australian Passport <input type="checkbox"/> Permanent Resident (provide visa details below)<br><input type="checkbox"/> Australian citizen – eligible for Australian Passport <input type="checkbox"/> Temporary Resident (provide visa details below)<br><input type="checkbox"/> New Zealand citizen |   |
| <b>Visa Sub Class:</b> _____  | <b>Visa Expiry Date:</b> (dd-mm-yyyy) _____ / _____ / _____ |
| <b>Visa Statistical Code:</b> (Required for some sub-classes) _____   |   |

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

|   |
|---|
| <b>Does the student hold a Bridging Visa?</b> <input type="checkbox"/> Yes (provide further detail below) <input type="checkbox"/> No |
| If Yes, what was the student's previous visa? _____   |
| If Yes, what visa has the student applied for? _____  |

|  |
|--|
| <b>International Student ID*:</b> (Not required for exchange students) _____ |
|--|

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

|  |
|--|
| <b>Does the student speak English?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| <b>◆ Does the student speak a language other than English at home?</b><br><input type="checkbox"/> No, English only<br><input type="checkbox"/> Yes (please specify the main language spoken at home): _____   |
| <b>◆ Is the student of Aboriginal or Torres Strait Islander origin?</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal<br><input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander |
| <b>Is the student a young carer (providing support/care for other family member/s)? *</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   |

\* A young carer is a young person under 25 years of age who provides, or intends to provide care, assistance, or support to a family member with a mental illness, physical illness, disability, chronic illness, or who is aged or has an addiction.

**What are the student's living arrangements?**

- Student lives with parents/carers together at the same residence
- Student lives with one parent/carer only
- Informal care arrangement#
- Homeless
- Student lives with each parent/carer at different times
- State Arranged Out of Home Care\*
- Student is independent

If the student has a Case Manager, please provide their contact details below:

\* Students who live in court ordered alternative care arrangements away from their parents. These court ordered care arrangements include living with relatives or friends (kinship care), living with non-relative families (foster care or adolescent community placements) and living in residential care units.  
 # If the student is living in an informal care arrangement, please contact the school for an Informal Carer's Statutory Declaration, which must be completed. If there are any court orders about the child, please provide copies of those orders to the school with this form.

**How will the student primarily travel to and from school?**

- Walking     School Bus     Train     Driven by parent/carer     Taxi / Ride Share
- Bicycle     Public Bus     Tram     Self-Driven     Other: \_\_\_\_\_

If the student catches public transport to school, what station/stop does their journey commence:

If the student drives themselves to school, what is their Car Registration Number:

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

## SCHOOL DETAILS

Are you seeking to enrol the student at this school full-time?  Yes (move to next section)     No

If No, how many days a week would the student be attending this school?

If No, provide reason you are seeking part-time enrolment:

If No, provide details for other schools:

|                    |              |                              |                              |                             |
|--------------------|--------------|------------------------------|------------------------------|-----------------------------|
| Other school name: | Days / week: | Has enrolment been accepted? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other school name: | Days / week: | Has enrolment been accepted? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Is the student attending a funded kindergarten program\* in the year before Foundation?  Yes     No

Name of kindergarten or early childhood service:

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

## Previous Education – Other

Has the student previously been enrolled at another school?  Yes, in Victoria – Government School     Yes, in Victoria – Catholic or Independent School

Yes, interstate     Yes, overseas     No (move to next section)

|  |  |
|--|--|
| <b>If Yes, name of last school attended:</b>   |  |
| <b>If Yes, location of last school attended:</b><br>(suburb/town/state/country)                |  |
| <b>If Yes, date of attendance:</b> (dd-mm-yyyy) _____ / _____ / _____ to _____ / _____ / _____ |  |
| <b>If Yes, year levels of previous education:</b>  |  |
| <b>If the student studied overseas, what age did the student first start school?</b>           |  |
| <b>What was the language of the student's previous education?</b>                              |  |
| <b>Period of interruption to education:</b><br>(months/years)                                  | <b>Is the student repeating a year level?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |

## STUDENT MEDICAL DETAILS

Schools require the health information requested in this section to plan for and support the health and wellbeing needs of students.

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

### Medical Conditions

|  |                              |                             |
|--|------------------------------|-----------------------------|
| <b>Does the student have an allergy?</b><br>If yes, please provide the school with an ASCIA Action Plan for Allergies (available at: <a href="http://www.allergy.org.au/hp/ascia-plans-action-and-treatment#r2a">www.allergy.org.au/hp/ascia-plans-action-and-treatment#r2a</a> )                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Is the student at risk of anaphylaxis?</b><br>If yes, please provide the school with an ASCIA Action Plan for Anaphylaxis (available at: <a href="http://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis">www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis</a> ) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Does the student have asthma?</b>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Has a current Asthma Action Plan been provided to School?</b> If No, please provide an Asthma Action Plan to the School (available at: <a href="http://www.asthma.org.au/treatment-diagnosis/asthma-action-plan/">www.asthma.org.au/treatment-diagnosis/asthma-action-plan/</a> )                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Does the student have any other medical condition or other relevant medical assessment that the school needs to know about?</b> If Yes, please ask the school for the appropriate <u>medical advice form</u> , to be completed by the treating medical practitioner and returned to school.             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>If Yes to <u>any of the above</u>, please specify:</b>  |                              |                             |
|  |                              |                             |

### Medication

|  |                              |                             |
|--|------------------------------|-----------------------------|
| <b>Does the student take medication?</b>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Is the medication required during school hours?</b><br>If Yes, please ask the school for a <u>Medication Authority Form</u> , to be completed by the treating medical practitioner and returned to school | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Name of medications taken:</b>  |                              |                             |
|  |                              |                             |

## Student Doctor

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

## ADDITIONAL LEARNING AND SUPPORT NEEDS

The Department of Education recognises that adjustments may be required for students with additional needs, including students with disability, so that they can participate at school. School personnel and parents or carers work together to identify the adjustments that may be needed to meet the student's learning and support needs.

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Does the student have additional needs and require support for learning? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

|   |                            |  |
|---|----------------------------|--|
| Does the student have additional needs in any of the following areas? | <b>Hearing:</b>            | <input type="checkbox"/> Yes (please specify): _____ |
|   | <b>Vision:</b>             | <input type="checkbox"/> Yes (please specify): _____ |
|   | <b>Speech/Language:</b>    | <input type="checkbox"/> Yes (please specify): _____ |
|   | <b>Physical:</b>           | <input type="checkbox"/> Yes (please specify): _____ |
|   | <b>Cognitive/Learning:</b> | <input type="checkbox"/> Yes (please specify): _____ |
|   | <b>Social/Emotional:</b>   | <input type="checkbox"/> Yes (please specify): _____ |

|  |                             |   |
|--|-----------------------------|---|
| Has the student had a disability assessment before?  | <input type="checkbox"/> No | <input type="checkbox"/> Yes (specify outcome): _____ |
| Has the student received individualised disability funding before?   | <input type="checkbox"/> No | <input type="checkbox"/> Yes (please specify): _____  |
| Has any previous education provider prepared a documented plan to support the student's additional learning needs? | <input type="checkbox"/> No | <input type="checkbox"/> Yes (provide details): _____ |

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



## Activity Restrictions and Considerations

Are there any activities (organised by the school and/or third parties) that the student cannot participate in?

Yes

No *(move to the next section)*

If Yes, please provide further detail: (e.g. sport, excursions)

## Privacy Statement

The personal and health information collected in this form, and any attachments, is required for enrolment at all Victorian Government Schools. The information is collected to ensure accurate enrolment, and to plan for and support the educational needs of students. The information will be managed securely and accessed only by staff, on a need-to-know basis, and in accordance with the Department of Education Schools' Privacy Policy which applies to all government schools (available at: [www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx](http://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx)) or where mandated or allowed by law.

Please also refer to the Victorian Government School Privacy Collection Notice for details on handling of personal and health information in schools: [www.education.vic.gov.au/Pages/Schools'-Privacy-Collection-Notice.aspx](http://www.education.vic.gov.au/Pages/Schools'-Privacy-Collection-Notice.aspx)

## DECLARATION

Thank you for completing this Student Enrolment form. The information provided is required to enable staff to properly enrol your child at our school as such it is important that it is accurate and up to date.

**I/We confirm that:**

- **I am/We are the person/people named as completing this form.**
- **The information in this form is true and correct.**
- **I/We agree to authorise this form by electronic means with an electronic signature.**

Signature of Enrolling Adult: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of Enrolling Adult (if applicable): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please select the category that best describes who has signed and completed this form. This will assist the school with the enrolment process.**

- Both parents/carers have completed and signed this form.
- Parents/carers are completing separate forms (schools can provide additional forms on request).
- One parent has completed and signed this form on behalf of both parents. Contact details for the other parent have been provided in the form for the school's use as required.
- One parent has completed and signed this form and the contact details for the other parent are unknown to the enrolling parent/carer and not provided.
- There is only one parent/carer with legal responsibility for the child and that person has completed and signed this form.
- Other, please specify: (for instance, where the contact details for the other parent are known but it is not appropriate or safe to contact them) \_\_\_\_\_

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

### WHO CAN SIGN THIS FORM?

- **A person with parental responsibility:** a parent of a child under 18 years of age, subject to relevant court orders (including parenting orders made under the *Family Law Act 1975* and protection orders made under the *Children, Youth and Families Act 2005* by the Children's Court, or other person granted parental responsibility under a relevant court order).
- **A carer formally authorised by Child Protection to enrol the student:** the Department of Families, Fairness and Housing (DFFH) can issue a written authorisation to the carer of a child in out of home care to make decisions about the child. In some circumstances this will include specific authorisation to enrol the child at school.
- **Informal carer:** an Informal Carer is a relative or other responsible adult with whom the child lives, and who has day to day care of the child. The informal carer should provide an Informal Carer Statutory Declaration to confirm their status as an informal carer. A copy of this statutory declaration can be obtained from [www.education.vic.gov.au/PAL/informal-carer-statutory-declaration-template.pdf](http://www.education.vic.gov.au/PAL/informal-carer-statutory-declaration-template.pdf)
- **Students living independently:** If the student is an adult or a mature minor for the purpose of enrolment and they live independently. These students will need to be considered in accordance with the [www.education.vic.gov.au/pal/decision-making-responsibilities-students/policy](http://www.education.vic.gov.au/pal/decision-making-responsibilities-students/policy) policy.
- **Adult Students:** a student 18 years of age or older is considered an adult and can sign their own consent form.

# ATTACHMENT 1 – PARENTAL OCCUPATION GROUP CODES

The codes outlined below are to be used when providing family occupation details for enrolled students. Please indicate your current occupation – not your qualification. This information is used for determining funding allocations to schools.

## Group A: Senior management in large business organisation, government administration and defence, and qualified professionals

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

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

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

**Defence Forces** Commissioned Officer

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

- Health, Education, Law, Social Welfare, Engineering, Science, Computing professional
- Business (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)
- Air/sea transport (aircraft / ship's captain / officer / pilot, flight officer, flying instructor, air traffic controller)

## Group B: Other business managers, arts/media/sportspersons and associate professionals

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

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

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

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

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

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

- Health, Education, Law, Social Welfare, Engineering, Science, Computing technician / associate professional
- Business / administration (recruitment / employment / industrial relations / training officer, marketing / advertising specialist, market research analyst, technical sales representative, retail buyer, office / project manager)
- Defence Forces senior Non-Commissioned Officer

## Group C: Tradespeople, clerks and skilled office, sales and service staff

**Tradespeople** generally have completed a 4-year Trade Certificate, usually by apprenticeship. All tradespeople are included in this group

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

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

- Office (secretary, personal assistant, desktop publishing operator, switchboard operator)
- Sales (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)
- Service (aged / disabled / refuge / childcare worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

## Group D: Machine operators, hospitality staff, assistants, labourers and related workers

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

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

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

- Office (typist, word processing / data entry / business machine operator, receptionist, office assistant)
- Sales (sales assistant, motor vehicle / caravan / parts salesperson, checkout operator, cashier, bus / train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker)
- Assistant / aide (trades' assistant, school / teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum / gallery attendant, usher, home helper, salon assistant, animal attendant)

**Labourers and related workers**

- Defence Forces - ranks below senior NCO not included above
- Agriculture, horticulture, forestry, fishing, mining worker (farm overseer, shearer, wool / hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/ logging worker, miner, seafarer / fishing hand)
- Other worker (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)

Name: \_\_\_\_\_ Year Level: \_\_\_\_\_

### HEAD LICE CHECK PERMISSION

The school will arrange head lice inspections throughout the year. These will be conducted by a local council nurse or trained school staff. The management of head lice infestation works best when all children are involved in the screening program. Before the inspections are conducted staff will explain to the student what is being done and why. It will be emphasized to students that this can be a sensitive issue and the school is committed to maintaining student confidentiality and avoiding stigmatization. In cases where live head lice are found the student is required by law to be sent home, they will be given a written notice with advice about treatment.

Please note that the law requires that when a child has head lice they should not return the school until appropriate treatment has been administered.

I give permission for my child to participate in the school head lice inspection program.

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

### LOCAL EXCURSION

During your child's stay at Keilor Heights Primary School, their class may visit places of interest in the local area; eg. Local library, local park, etc. The children will walk to these venues under the supervision of the class teacher. There will be no cost involved.

- I give permission for my child to attend any local excursions organized by the staff at Keilor Heights Primary School in the local area at no cost.
- I authorize the teacher in charge of the program to consent where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as deemed necessary.

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

### PARENT/GUARDIAN CONSENT TO PUBLISH PHOTOGRAPHS AND VIDEO

From time to time the school will use photographs, videos and students work in and outside the school to show the great work and activities that our students do. These may be used as photographs, newsletter items (newsletter is published on the website), computer displays advertising the school, promotional literature, newspaper articles, billboards and on the school website. Only first names will be published when applicable.

Please sign the consent form below if you agree to your child's photo/video/media being used for general school related purposes.

I agree to my child's photograph, video, art work being used for school related purposes.

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

### PERMISSION TO PARTICIPATE IN CLASSES THAT INVOLVE CONTENT CLASSIFIED AS PG (PARENTAL GUIDANCE)

As part of any given unit of work, your child's teacher may deem it appropriate and educationally beneficial for students to view or listen to audio visual content that has been classified as PG (Parental Guidance). Your child can only view or listen to this content with your permission.

I give permission for my child to view audio visual content with a PG classification.

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

### ACCEPTABLE USE POLICY - INTERNET & SPECIFIC PROGRAMS

#### PREP - YEAR 6

I agree to allow my child to access the internet within areas specified that:

- Have been previously viewed and used by a staff member at K.H.P.S.
- Have been quality assured and available through the Department of Education and Training's website (the department has embedded security on URL's preventing students accessing inappropriate sites)
- Specific educational programs approved by the school
- Apps

I understand that all e-mail correspondence will be under the supervision of a member of the school staff.  
I understand that adequate supervision will always be available when my child is using the internet for class work.

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

