



# Rockbank

## Primary School

Nurture. Believe. Achieve.

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EST 1868

### OFFICE USE ONLY

First Name					
Surname					
Year Level					
Home Group					
Student ID					

	YES	NO	ADDITIONAL INFO
Child's Name and Date of Birth proof sighted			<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport
Proof of Address			
Immunisation Records			
Visa Documents			Visa Subclass:
Court Orders			
Medical Alert			<input type="checkbox"/> Asthma <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Other .....
Disability ID Number			
CSEF			<input type="checkbox"/> Yes <input type="checkbox"/> No
Permission to Publish			<input type="checkbox"/> Yes <input type="checkbox"/> No
Permission to Attend Local Excursions			<input type="checkbox"/> Yes <input type="checkbox"/> No
Permission to watch PG rated movies			<input type="checkbox"/> Yes <input type="checkbox"/> No
Transfer Requested			Previous School: Date requested:
CASES21			Entered:    /    /20
Informed Teacher			
Compass			<input type="checkbox"/> Family Emailed

# ROCKBANK PRIMARY SCHOOL PRIVACY NOTICE

Please read this notice before completing Enrolment forms.



This confidential enrolment form asks for personal information about your child as well as your family members and others that provide care for your child. The main purpose for collecting this information is so that Rockbank PS can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Rockbank PS and the Department of education and Early Childhood Development are required by law to protect the information provided by this enrolment form.

Health information is collected so that staff at Rockbank PS 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. Rockbank PS depends on you to provide all relevant health information because withholding some health information may put your child's health at risk.

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

## **Emergency Contacts:**

These are people that Rockbank PS may need to contact in any 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 Rockbank PS.

## **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 Rockbank PS 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 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 Rockbank PS 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 Rockbank PS to process your child's enrolment.

## **Updating your child's records:**

Please let Rockbank PS know if any information needs to be changed by sending updated information to the school office. Please contact us on 03 9747 1210 or by email [rockbank.ps@education.vic.gov.au](mailto:rockbank.ps@education.vic.gov.au) to update any information. During your child's time with us, we will also send you copies of enrolment information held by us. Please use this opportunity to let us know of any changes.

## **Access to your child's record held by School:**

In most circumstances you can access your child's records. Please contact the principal on 9747 1210 to arrange this. Sometimes access to certain information, such as information provided by some 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. Rockbank PS can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form. The Rockbank PS privacy policy is available on our website.



## Student's Permanent Residence

Your child's permanent residence is the address where they spend the majority of their days during the school week. If they spend an equal amount of time at two addresses, both are considered their permanent address and your child will be entitled to enrol in the designated neighbourhood school for either address.

The school may make enquiries to verify the information provided, such as checking the electoral roll at an Australian Electoral Commission office or the Victorian Electoral Commission head office; checking with a real estate agent; or checking whether there are any regulations/codes limiting the number of people living at one residence, for example if a rental property is a studio or one bedroom unit.

<b>No. &amp; Street Address:</b>		
<b>Suburb:</b>		
<b>State:</b>	<b>Postcode:</b>	
<b>How often does this student live at this address?</b>		
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced (50%)
<b>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:</b>		

## Student Living Arrangements

<b>What are the student's living arrangements?</b>	
<input type="checkbox"/> Student lives with parents/carers together at the same residence	<input type="checkbox"/> Student lives with each parent/carer at different times
<input type="checkbox"/> Student lives with one parent/carer only	<input type="checkbox"/> State Arranged Out of Home Care*
<input type="checkbox"/> Informal care arrangement#	<input type="checkbox"/> Student is independent
<input type="checkbox"/> Homeless	
<b>If the student has a Case Manager, please provide their contact details below:</b>	

\* 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.

# PARENT/CARER DETAILS

## Enrolling Adult 1

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

No. & Street Address:	
Suburb:	
State:	Postcode:
Preferred language of notices:	
Mobile:	Work Phone:
Home Phone:	Email:

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
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult 1's preferred method of contact: <i>(Email shall be used for communication that cannot be sent via phone)</i>		
<input type="checkbox"/> Mobile	<input type="checkbox"/> Email	<input type="checkbox"/> Mail
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone	
Specify any other special conditions or times related to contact?		

Relationship to student:		
<input type="checkbox"/> Parent	<input type="checkbox"/> Step 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: _____	

In which country was Adult 1 born?	
<input type="checkbox"/> Australia	
<input type="checkbox"/> Other (please specify): _____	
❖ Does Adult 1 speak a language other than English at home?	
<input type="checkbox"/> No, English only	
<input type="checkbox"/> Yes (please specify): _____	
Please indicate any additional languages spoken by Adult 1:	
Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Student lives with Adult 1:
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<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced (50%)
<input type="checkbox"/> Occasionally		

Adult 1 Job Title:
Adult 1 Employer:

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

❖ What is the highest year of primary or secondary school that Adult 1 has completed?	
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 10 or equivalent
<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 9 or equivalent or below / no schooling

❖ What is the level of the highest qualification that Adult 1 has completed?	
<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 1? 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>	

## Enrolling Adult 2

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

No. & Street Address:	
Suburb:	
State:	Postcode:
Preferred language of notices:	
Mobile:	Work Phone:
Home Phone:	Email:

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
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult 2's preferred method of contact: <i>(Email shall be used for communication that cannot be sent via phone)</i>		
<input type="checkbox"/> Mobile	<input type="checkbox"/> Email	<input type="checkbox"/> Mail
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone	
Specify any other special conditions or times related to contact?		

<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced (50%)
<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never	

Adult 2 Job Title:
Adult 2 Employer:

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

Relationship to student:		
<input type="checkbox"/> Parent	<input type="checkbox"/> Step 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: _____	

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

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

Please indicate any additional languages spoken by Adult 2:	
Is an interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student lives with Adult 2:	

❖ What is the highest year of primary or secondary school Adult 2 has completed?	
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 10 or equivalent
<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 9 or equivalent or below / no schooling

❖ What is the level of the highest qualification that Adult 2 has completed?
<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 2? 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>

## Additional Parents/Carers

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

If yes, please complete the Adult 3 and/or Adult 4 sections as attachments to this form on pages 16-17. 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.

## 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 <i>(Neighbour, Relative, Friend or Other)</i>	Telephone Contact	Language Spoken <i>(Write E for English)</i>
1			
2			
3			
4			

## Correspondence Details

<b>Send correspondence addressed to:</b> <i>(select one)</i> <input type="checkbox"/> Adult 1 <input type="checkbox"/> Adult 2 <input type="checkbox"/> Both Adults <input type="checkbox"/> Neither
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## 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).

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

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

## Student Demographics

<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>		
<input type="checkbox"/> No, English only		
<input type="checkbox"/> Yes (please specify the main language spoken at home): _____		
<b>❖ Is the student of Aboriginal or Torres Strait Islander origin?</b>		
<input type="checkbox"/> No		
<input type="checkbox"/> Yes, Aboriginal		
<input type="checkbox"/> Yes, Torres Strait Islander		
<input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander		
<b>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.

## Student Residency Status

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

<b>International Student ID*:</b> (Not required for exchange students)	
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\* 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)).



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

<b>Is the student attending a funded kindergarten program* in the year before Foundation?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Name of kindergarten or early childhood service:</b>		

\* 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

<b>Has the student previously been enrolled at another school?</b>	<input type="checkbox"/> Yes, in Victoria – Government School	<input type="checkbox"/> Yes, in Victoria – Catholic or Independent School
	<input type="checkbox"/> Yes, interstate	<input type="checkbox"/> Yes, overseas <input type="checkbox"/> No ( <i>move to next section</i> )

<b>If Yes, name of last school attended:</b>	
<b>If Yes, location of last school attended:</b> (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> (months/years)	<b>Is the student repeating a year level?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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## STUDENT MEDICAL DETAILS

The Department of Education and Victorian Government Schools require the health information requested in this section to plan for and support the health and wellbeing needs of students.

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.

### Student Doctor

Doctor's Name:		
Medical Centre:		
Street Address:		
Suburb:		Postcode:
State:		Telephone Number:
Current Ambulance Subscription: (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medicare Number:

### Asthma

Does the student have asthma?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (move to next section)	
Has a current Asthma Management Plan been provided to School? If No, please provide an Asthma Management Plan to the School	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the student take medication?	<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?	<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:	<input type="checkbox"/> Student	<input type="checkbox"/> Adult	<input type="checkbox"/> Other: _____
Medication is to be stored:	<input type="checkbox"/> with Student	<input type="checkbox"/> with Staff	<input type="checkbox"/> Other: _____
Dosage time:		Reminder required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Medical Conditions

Does the student have an allergy? If yes, please provide the school with an <a href="#">ASCIA Action Plan for Allergies</a> .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the student at risk of anaphylaxis? If yes, please provide the school with an <a href="#">ASCIA Action Plan for Anaphylaxis</a> .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student have any other medical condition or other relevant medical assessment that the school needs to know about? If Yes, please ask the school for the appropriate medical advice form, to be completed by the treating medical practitioner and returned to school.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes to <u>any of the above</u> , please specify:		
Symptoms:		

If the student displays any of the symptoms above, please:				
<b>Inform emergency contact</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Administer medication</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Other medical action</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, please specify: _____	

## Medication

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

## Allied Health Support

<b>Has the student previously accessed support from an allied health professional?</b>	<b>Occupational therapy:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<b>Speech pathology:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<b>Physiotherapy:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<b>Exercise physiology:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<b>Behaviour support:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<b>Other:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify): _____

## STUDENT TRAVEL DETAILS

<b>How will the student primarily travel to and from school?</b>				
<input type="checkbox"/> Walking	<input type="checkbox"/> School Bus	<input type="checkbox"/> Train	<input type="checkbox"/> Driven by parent/carer	<input type="checkbox"/> Taxi / Ride Share
<input type="checkbox"/> Bicycle	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Tram	<input type="checkbox"/> Self-Driven	<input type="checkbox"/> Other: _____
<b>If the student catches public transport to school, what station/stop does their journey commence:</b>				
<b>If the student drives themselves to school, what is their Car Registration Number:</b>				

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.

# STUDENT SAFETY, ACCESS, AND SPECIAL CIRCUMSTANCES

## Student Risk

The Department of Education has a responsibility to assess and manage any risk of harm to its staff and students. This form gives you the opportunity to provide information that will help facilitate the student's transition to school. This may include preparing a behaviour management plan or other appropriate strategies to meet the particular needs of the student. The actions taken in response to the information you provide will help ensure the safety of this student, other students and staff.

<b>To your knowledge, is there anything in the student's history or circumstances (including medical history not already provided) which might pose a risk of any type to this student, other students, or staff at this school?</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>(move to the next section)</i>
<b>If Yes, please provide further detail:</b>	

## Court Orders and Other Care Arrangements *(previously referred to as an Access Alert)*

<b>Is there an intervention order, parenting order or any other court order impacting the student?</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>(move to the next section)</i>

If Yes, then complete the following questions and **present a current copy of the document to the school.**

<b>Court Order or other access document type:</b>	<input type="checkbox"/> Family Law Order / Parenting Order	<input type="checkbox"/> Parenting Plan / Agreement	<input type="checkbox"/> Intervention Order
	<input type="checkbox"/> Child Protection Order	<input type="checkbox"/> DFFH Authorisation	<input type="checkbox"/> Other: _____
<b>Please provide further details of the Court Order or other access documents, and any other safety concerns:</b>			
<b>End Date</b> (if applicable): <i>(dd-mm-yyyy)</i>			

## Activity Restrictions and Considerations

<b>Are there any activities (organised by the school and/or third parties) that the student cannot participate in?</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>(move to the next section)</i>
<b>If Yes, please provide further detail:</b> (e.g. sport, excursions)	

# STUDENT CONSENT FORM

## ACTIVITY RISKS & INSURANCE

Please note that the Department of Education does not have personal accident insurance cover for children/students. If your child is injured as a result of an accident or incident while at school or at school excursions or activities, all costs associated with the injury, including medical costs are the responsibility of the parent/carer. Some incidental medical costs may be covered by Medicare. If you have private health insurance, some costs may also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide what types and what level of private insurance they wish to arrange to cover their child.

### Consent

I agree that:

- I am aware that the department does not have personal accident insurance cover for students/children.
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child's doctor.
- I accept liability for all reasonable costs incurred by the department in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the department the full amount of those costs.
- I have provided the school all relevant details of my child's medical or physical needs on registration /enrolment and where relevant have updated this information. I have provided the school with prescribed medication where relevant.

Signature of Parent/Guardian: ..... Date: ...../...../.....

## PERMISSION TO PUBLISH IMAGES OF STUDENTS AND STUDENTS' WORK

Your permission is sought for the school to publish video or photographic images and/or samples of your child's work taken during school activities. If you give permission, the school may publish the images internally on Department of Education intranet sites, in online and hard copy school newsletters, Department of Education public Internet websites, school annual magazines and local newspapers. If published externally to an open website or publication, third parties would be able to view the photographs and work.

This consent, if signed, will remain effective until such time as you advise the school otherwise.

I agree to the videoing or photographing of my child during school activities for use by the school in educating students and promoting the school and public education. I also agree to the publication of these images or samples of work in ways including, but not limited to, public web sites or intranet web sites of the Department of Education, school newsletters (print and online), magazines and the local newspaper. I will notify the school if I decide to withdraw this consent.

I give/ do not give **(please circle)** permission for my child ..... to have images published of them or their work.

Signature of Parent/Guardian: ..... Date: ...../...../.....

## LOCAL EXCURSION PERMISSION

At times throughout the year, we like to take students on incidental excursions within the local area. These are within the immediate vicinity and within walking distance of the school. We will notify parents in advance of excursions. This permission will be valid whilst your child is a student at Rockbank Primary School,

I give/ do not give **(please circle)** permission for my child ..... to attend local excursions within walking distance of the school.

Signature of Parent/Guardian: ..... Date: ...../...../.....

## MOVIE PERMISSION

On special occasions students may watch PG rated movies related to the topic that they are learning about as per our Curriculum, or as a class reward. Permission is required for your child to participate in any of these sittings.

I give/ do not give **(please circle)** permission for my child ..... to watch PG rated movies at school.

Signature of Parent/Guardian: ..... Date: ...../...../.....

## PARENT/CARER AGREEMENT – INTERNET CODE OF PRACTICE

I have discussed the policy and guidelines regarding Internet use and access with my child and will use my best endeavours to ensure he/she will abide by the rules within them. I realise that the use of the Internet is a privilege, not a right and I accept that inappropriate behaviour may result in loss of access for my child for a designated period of time. I understand the school will provide adequate supervision and that steps have been taken to minimise risk of exposure to unsuitable material. I consent to my child corresponding with others, using email. Signature of

Signature of Parent/Guardian: ..... Date: ...../...../.....

### 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) \_\_\_\_\_

## 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.

## CHECKLIST

### Please provide the following documents with your completed enrolment forms:

- Birth Certificate (Passport/Visa sub class number if born overseas)
- Immunisation Certificate
- Proof of current address

### On Enrolment form, please check:

- All pages have been completed
- Consents and permissions have been signed

### Please read the following for your information:

- Rockbank Information Book

### Please advise if you have the following:

- Health Care Card **Yes**

# STUDENT FAMILY OCCUPATION INDEX

## PARENT OCCUPATION GROUPS

Please select the appropriate group from the following list.

### GROUP N: Unemployed for more than 12 months

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 **use your last occupation** to select from the list. If you have not been in paid work for the last 12 months, enter 'N' into the 'occupation code' field on the enrolment form.

## OCCUPATION GROUP A

### SENIOR MANAGEMENT IN LARGE BUSINESS ORGANISATIONS, GOVERNMENT ADMINISTRATION AND DEFENCE AND QUALIFIED PROFESSIONALS

#### Senior management in large business organisations

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

- **Business** [e.g. chief executive, managing director, company secretary, finance director, chief accountant, personnel/industrial relations manager, research and development manager]
- **Media** [e.g. newspaper editor, film/television/radio/stage producer/director/manager]

#### Government administration

- **Public Service Manager** (Section head or above) [e.g. regional director, hospital/health services/nurse administrator, school principal, faculty head/dean, library/museum/gallery director, research /facility manager, police/fire services administrator]
- **Defence Forces Commissioned officer**

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

*Health, Education, Law, Social Welfare, Engineering, Science, Computing professional, Business, Air/sea transport*

- **Health** [e.g. GP or specialist, registered nurse, dentist, pharmacist, optometrist, physiotherapist, chiropractor, veterinarian, psychologist, therapy professional, radiographer, podiatrist, dietician]
- **Education** [e.g. school teacher, university lecturer, VET/special education/ESL/private teacher, education officer]
- **Law** [e.g. judge, magistrate, barrister, coroner, solicitor, lawyer]
- **Social Welfare** [e.g. social/welfare/community worker, counsellor, minister of religion, economist, urban/regional planner, sociologist, librarian, records manager, archivist, interpreter/translator]
- **Engineering** [e.g. architect, surveyor,

chemical/civil/electrical/mechanical/mining/other engineer]

- **Science** [e.g. scientist, geologist, meteorologist, metallurgist]
- **Computing** [e.g. IT services manager, computer systems designer/administrator, software engineer, systems/applications programmer]
- **Business** [e.g. management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]
- **Air/sea transport** [e.g. aircraft pilot, flight officer, flying instructor, air traffic controller, ship's captain/officer/pilot]

## OCCUPATION GROUP B

### OTHER BUSINESS OWNERS/MANAGERS, ARTS/MEDIA/SPORTSPERSONS AND ASSOCIATE PROFESSIONALS

#### Business Owner / Manager

- **Farm/business owner/manager** [e.g. crop and/or livestock farmer/farm manager, stock and station agent, building/construction, manufacturing, mining, wholesale, import/export, transport business manager, real estate business]
- **Specialist manager** [e.g. works manager, engineering manager, sales/marketing manager, purchasing manager, supply/shipping manager, customer service manager, property manager, personnel, industrial relations]
- **Financial services manager** [e.g. bank branch manager, finance/investment/insurance broker, credit/loans officer]
- **Retail sales/services manager** [e.g. shop, post office, restaurant, real estate agency, travel agency, betting agency, petrol station, hotel/motel/caravan park, sports centre, theatre/cinema, gallery, car rental, car fleet, railway station]

#### Arts /media / sportspersons

- **Artist/Writer** [e.g. editor, journalist, author, media presenter, photographer, designer, illustrator, musician, actor, dancer, painter, potter, sculptor]
- **Sports** [e.g. sportsman/woman, coach, trainer, sports official]

**Associate professionals** – generally have diploma /technical qualifications and provide support to managers and professionals

*Health, Education, Law, Social Welfare, Engineering, Science, Computing technician / Business/administration*

- **Medical, science, building, engineering, computer technician/associate professional**
- **Health/social welfare** [e.g. enrolled nurse, community health worker, paramedic/ambulance officer, massage therapist, welfare/parole officer, youth worker, dental hygienist/technician]



- **Law** [e.g. police officer, government inspector, examiner or assessor, occupational/environmental health officer, security advisor, private, law clerk, court officer, bailiff]
- **Business/administration** [e.g. recruitment/employment/industrial relations/training officer, marketing/ advertising specialist, market research analyst, technical sales representative, retail buyer, office/business manager, project manager/administrator, other managing supervisors]
- **Defence Forces** [e.g. senior non-commissioned officer]
- **Other** [e.g. library technician, museum/gallery technician, research assistant, proof reader]

## OCCUPATION 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.

#### Tradesmen/women

- **Trades** [e.g. Electrician, plumber, welder, cabinet maker, carpenter, joiner, plasterer, tiler, stonemason, painter decorator, butcher, pastry cook, panel beater, fitter, toolmaker, aircraft engineer]

#### Clerks, Skilled office, sales and service staff

- **Clerk** [e.g. bookkeeper, bank clerk, PO clerk, statistical/actuarial clerk, accounts/claims/audit/ payroll clerk, personnel records clerk, registry/filing clerk, betting clerk, production recording clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk/despacher, bond clerk, customs agent/clerk, customer inquiry/complaints/service clerk, hospital admissions clerk]
- **Office** [e.g. secretary, personal assistant, desktop publishing operator, switchboard operator]
- **Sales** [e.g. company sales representative (goods and services), auctioneer, insurance agent/assessor/loss adjuster, market researcher]
- **Carer** [e.g. aged/disabled/refuge care worker, child care assistant, nanny]
- **Service** [e.g. meter reader, parking inspector, postal delivery worker, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/gaming table supervisor]

## OCCUPATION GROUP D

### MACHINE OPERATORS, HOSPITALITY STAFF, OFFICE ASSISTANTS, LABOURERS AND RELATED WORKERS

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

- **Driver or mobile plant operator** [e.g. car, taxi, truck, bus, tram or train driver, courier/ deliverer, forklift driver, street sweeper driver, garbage collector, bulldozer/loader/grader/excavator operator, farm/horticulture/forestry machinery operator]
- **Production/processing machine operator** [e.g. engineering, chemical, petroleum, gas, water, sewerage, cement, plastics, rubber, textile, footwear, wood/paper, glass, clay, stone, concrete, production/processing machine operator]
- **Machinery operator** [e.g. photographic developer/printer, industrial spray painter, boiler/air- conditioning/ refrigeration plant, railway signals/points, crane/hoist/lift, bulk materials handling machinery]

#### Hospitality, office staff

- **Sales staff** [e.g. 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, sales demonstrator, shelf stacker]
- **Office staff** [e.g. typist, word processing/data entry/business machine operator, receptionist]
- **Hospitality staff** [e.g. hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, fast food cook, usher, porter, housekeeper]
- **Assistant/aide** [e.g. trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, home helper, salon assistant, animal attendant]

#### Labourers and related workers

- **Defence Forces** [other ranks (below senior NCO) without trade qualification not included above]
- **Agriculture, horticulture, forestry, fishing, mining worker** [e.g. farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]
- **Other worker** [e.g. labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]