NEW ENROLMENT CHECKLIST

SOUTH MELBOURNE Primary School

To be completed by parent

Please note all information below must be completed before any enrolment application will be considered:

- ☐ Completed Enrolment Form
- ☐ Proof of residence (eg: Contract of Sale or Tenancy Agreement with a Utility Bill)
- ☐ Copy of the child's Birth Certificate (in English)
- ☐ Copy of the child's Immunisation Record (Medicare Immunisation Register)
- ☐ Copy of any Visa Approvals & Copy of child's Passport (if applicable)
- ☐ Copy of the child's last school report (excludes Prep students)
- ☐ An introduction letter or drawing from your child submitted with the Enrolment Form.
- ☐ For any medical conditions, a current copy of child's Management Plan completed by your Doctor must be provided (eg: Asthma Management Plan and Anaphylaxis Management Plan)
- ☐ For any restraining orders or child protection issues, a copy of Court Order or Parenting Plans must be provided
- ☐ Current Working With Children Check Card (see below for more information)

If you want to volunteer at South Melbourne Primary School, you will need a valid Working With Children Check (WWCC) Card. If you plan to do volunteer child-related work in Victoria (where you're not paid for the work), this is the Check you will need. Some examples of volunteer child-related work are:

- Coaching a sports team, Scout leader, School-based activities like classroom helper, attending your child's excursion, athletics days and volunteering to help with fundraising activities.

If you do not already hold a WWCC, please do so before commencement of your child. If you do hold a WWCC, please add South Melbourne Primary School to your list of organisations that you work or volunteer at and we will be notified of your card details to add to our register.

Electronic copies of enrolment forms are not accepted. Enrolment forms must be handed in to the School's Reception with attached documentation (as per above).

You will need to make an appointment with our Enrolment Officer to submit your Application and supporting documents by calling our office on (03) 9935 9399

Should you have any questions please contact the school on (03) 9935 9399.

SOUTH MELBOURNE PRIMARY SCHOOL - PRIVACY NOTICE

PLEASE READ THIS NOTICE BEFORE COMPLETING THE ENROLMENT FORM

South Melbourne Primary School and the Department of Education (the department) values your privacy and is committed to protecting the personal and health information that schools collect.

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

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

South Melbourne Primary School requires information about all parents, guardians or carers so that we can take account of family arrangements and safety concerns that affect your children. Family Court Orders setting out any access restrictions and parenting plans should be made available to South Melbourne Primary School. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Principal, South Melbourne Primary School, if you would like to discuss, in strict confidence, any matters relating to family arrangements.

Emergency Contacts

These are people that South Melbourne 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 South Melbourne Primary School.

Student Background Information

This includes information about a person's country of birth, aboriginal or Torres Strait Islander origin, language spoken at home and parent occupation. This information is collected so that South Melbourne Primary School receives appropriate resource allocations for their students from the department. 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 South Melbourne 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 South Melbourne Primary School to process your child's enrolment.

Updating your Child's Records

Please let South Melbourne Primary School know if any information needs to be changed by sending updated information via email to the school Principal.

Access to your Child's Record Held by the School

In most circumstances, you can access your child's records. Please contact Reception on (03) 9935 9399) 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. South Melbourne Primary School can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form.

Form to Enrol in a Victorian Government School

South Melbourne Primary School

OFFICE USE ONLY			
Date Enrolment Received	____ / ____ / _____	**Entered Date:**	____ / ____ / _____
		CASES21 Student ID:	

The information requested in this form is required for enrolment purposes. This information is collected to plan for and support the educational needs of students.

This form should be completed by parents or carers who are responsible for enrolling their child. It is the responsibility of the person completing this form to consult with all other adults that need to be involved in the enrolment process. Parents or carers can co-sign the same form or complete separate forms if personal details are unable to be shared between them.

If required information is not provided or there is a dispute between parents or carers about a child's enrolment, the enrolling principal is required to consider the student's education and wellbeing when deciding whether to defer or accept the enrolment.

Only one enrolment form should be submitted per student. By completing and submitting this enrolment form, you are accepting a place for your child at the specified school (subject to any further checks required by the school).

All schools across Australia are expected to collect the same information. Questions marked with a ❖ are asked as a requirement of the Commonwealth Government to meet data collection, funding and reporting requirements under the Australian Education Regulations 2013.

OFFICE USE ONLY - CHECKLIST				
Child's Name sighted:	☐ Yes ☐ No		**Enrolment Date:**	
Year level:	**Home Group:**		**House:**	
Australian residency confirmed:	☐ Yes	☐ No	☐ Not sighted / provided	
Date of Birth confirmed:	☐ Yes – Birth certificate	☐ Yes – Doctor certificate	☐ Yes - Passport	☐ Not sighted / provided
Immunisation History Statement sighted:	☐ Yes – Up to date	☐ Yes – Not up to date	☐ Not sighted / provided	
Does the Student hold a Visa?	☐ No	☐ Yes (Visa Code): _____		
Does the student have a Disability ID number?	☐ Yes (please specify): _____		☐ No	
Permissions and Authority Form Signed	☐ Yes	☐ No		
Use of Student Images Permission	☐ Yes	☐ No		
Head Lice Inspection permission?	☐ Yes	☐ No		
Local Excursion permission?	☐ Yes	☐ No		
Is there a Medical Alert for the Student?	☐ Yes	☐ No		

Additional notes regarding the student's enrolment: (e.g., note if student information or documentation is missing and yet to be provided to the school)

CASES21 STUDENT ID:	

STUDENT DETAILS

Surname:	
First Given Name:	
Second Given Name: *(if applicable)*	
Preferred First Name: *(if applicable)*	
❖ **Gender:** ☐ Male ☐ Female ☐ Self-described: _____	
Date of Birth: *(dd-mm-yyyy)* ____ / ____ / _____	**Student Mobile Number:** *(if applicable)*

Which year are you seeking to enrol this student?

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

☐ Foundation/Prep ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ Ungraded

Requested start date: (To be confirmed after enrolment process is complete)

☐ Day 1, Term 1 ☐ Other: *(dd-mm-yyyy)* _____ / _____ / _____

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?***	☐ Yes ☐ No

OFFICE USE ONLY

For Foundation students, has a Transition Learning and Development Statement been provided?	☐ Yes, via Insight Assessment Platform	☐ Yes, direct from teacher/parent/carer	☐ No	☐ Pending

PARENT/CARER DETAILS

Enrolling Adult 1 (Primary Carer)

Surname:		**Title:**	
First Given Name:			
Gender:	☐ Male ☐ Female ☐ Self-described: _____		

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

Adult 1 Job Title / Occupation:			
Adult 1 Employer:			
In which country was Adult 1 born?			
☐ Australia ☐ Other *(please specify):* _____			
❖ **Does Adult 1 speak a language other than English at home?**			
☐ No, English only ☐ Yes (please specify): _____			
Please indicate any additional languages spoken by Adult 1:			
Is an interpreter required?	☐ Yes	☐ No	

❖**What is the highest year of primary or secondary school that Adult 1 has completed?**	
☐ Year 12 or equivalent (4) ☐ Year 10 or equivalent (2)	
☐ Year 11 or equivalent (3) ☐ Year 9 or equivalent or below / no schooling (1)	
❖**What is the level of the highest qualification that Adult 1 has completed?**	
☐ Bachelor degree or above (7) ☐ Advanced diploma / Diploma (6)	
☐ Certificate I to IV (including trade certificate) (5) ☐ No non-school qualification (8)	
❖**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. • 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. • If the person has not been in paid work for the last 12 months, enter 'N'.	

Can we contact Adult 1 during school hours?			☐ Yes	☐ No
Is Adult 1 usually home during school hours?			☐ Yes	☐ No
SMS Notifications:			☐ Yes	☐ No
Email Notifications:			☐ Yes	☐ No
Adult 1's preferred method of contact: *(Email shall be used for communication that cannot be sent via phone)*				
☐ Mobile	☐ Email	☐ Mail	☐ Home Phone	☐ Work Phone
Specify any other special conditions or times related to contact?				

Is Adult 1 interested in being involved in school group participation activities? (e.g., School Council, excursions)				
☐ Yes			☐ No	
Relationship of Adult 1 to student:				
☐ Parent	☐ Step Parent	☐ Foster Parent	☐ Host Family	☐ Relative
☐ Self	☐ Friend	☐ Other: _____		

Student lives with Adult 1:			
☐ Always	☐ Mostly	☐ Balanced (50%)	☐ Occasionally

Enrolling Adult 2

Surname:			**Title:**
First Given Name:			
Gender:	☐ Male	☐ Female	☐ Self-described: _____

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

Adult 2 Job Title / Occupation:			
Adult 2 Employer:			
In which country was Adult 2 born?			
☐ Australia	☐ Other *(please specify):* _____		
❖ Does Adult 2 speak a language other than English at home?			
☐ No, English only	☐ Yes (please specify): _____		
Please indicate any additional languages spoken by Adult 2:			
Is an interpreter required?		☐ Yes	☐ No

❖What is the highest year of primary or secondary school that Adult 2 has completed?	
☐ Year 12 or equivalent (4)	☐ Year 10 or equivalent (2)
☐ Year 11 or equivalent (3)	☐ Year 9 or equivalent or below / no schooling (1)
❖What is the level of the highest qualification that Adult 2 has completed?	
☐ Bachelor degree or above (7)	☐ Advanced diploma / Diploma (6)
☐ Certificate I to IV (including trade certificate) (5)	☐ No non-school qualification (8)
❖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. • 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. • If the person has not been in paid work for the last 12 months, enter 'N'.	

Is Adult 2 usually home during school hours?	☐ Yes	☐ No		
SMS Notifications:	☐ Yes	☐ No		
Email Notifications:	☐ Yes	☐ No		
Adult 2's preferred method of contact: *(Email shall be used for communication that cannot be sent via phone)*				
☐ Mobile	☐ Email	☐ Mail	☐ Home Phone	☐ Work Phone
Specify any other special conditions or times related to contact?				

Is Adult 2 interested in being involved in school group participation activities? (e.g., School Council, excursions)				
☐ Yes			☐ No	
Relationship to student:				
☐ Parent	☐ Step Parent	☐ Foster Parent	☐ Host Family	☐ Relative
☐ Self	☐ Friend	☐ Other: _____		

Student lives with Adult 2:			
☐ Always	☐ Mostly	☐ Balanced (50%)	☐ Occasionally

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.

Please Refer to 100-Point Residential Address Check for documents to supply with your enrolment to verify your residential address.

No. & Street Address:			
Suburb:			
State:		**Postcode:**	
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:			

Additional Parents/Carers

Are there additional parents/carers in the student's life?	☐ Yes (provide details below)	☐ No (move to next section)
Name of Adult 3:		
Name of Adult 4:		

If yes, please request and complete the Additional Parent/Carer Details Form to include Adult 3 and/or Adult 4 sections. The separate form allows for diverse family arrangements and therefore the capture of four further parents/carers. Parents/Carers who live separately but have shared parental responsibility can request this form.

Student Doctor

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

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** *(Neighbour, Relative, Friend or Other)*	**Telephone Contact**	**Language Spoken** *(Write E for English)*
1				
2				
3				
4				

Correspondence Details

Send correspondence addressed to: *(select one)*	☐ Adult 1	☐ Adult 2	☐ Both Adults	☐ Neither

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.

Send bills to: *(select one)*	☐ Adult 1	☐ Adult 2	☐ 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 16-17.

Student Living Arrangements

What are the student's living arrangements?	
☐ Student lives with parents/carers together at the same residence	☐ Student lives with each parent/carer at different times
☐ Student lives with one parent/carer only	☐ State Arranged Out of Home Care*
☐ Informal care arrangement# ☐ Student is independent	☐ Homeless

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.

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 and permanent 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			☐ Yes ☐ No ☐ Sometimes
2			☐ Yes ☐ No ☐ Sometimes

Student Residency Status

❖ In which country was the student born?	
☐ Australia	☐ Other *(please specify)*: _____
If born overseas, on what date did the student arrive in Australia? *(dd-mm-yyyy)*	_____ / _____ / _____
What is the student's residency status? *	
☐ Australian citizen – holds Australian Passport	☐ Permanent Resident (provide visa details below)
☐ Australian citizen – eligible for Australian Passport	☐ Temporary Resident (provide visa details below)
☐ New Zealand citizen	
Visa Sub Class:	**Visa Expiry Date**: *(dd-mm-yyyy)* _____ / _____ / _____
Visa Statistical Code: *(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

Does the student hold a Bridging Visa?	☐ Yes *(provide further detail below)*	☐ No	
If Yes, what was the student's previous visa?		**If Yes, what visa has the student applied for?**	

International Student ID*: *(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).

Student Demographics

Does the student speak English?	☐ Yes	☐ No
❖ Does the student speak a language other than English at home?		
☐ No, English only	☐ Yes (please specify the main language spoken at home): _____	
❖ Is the student of Aboriginal or Torres Strait Islander origin?		
☐ No	☐ Yes, Aboriginal	
☐ Yes, Torres Strait Islander	☐ Yes, Both Aboriginal & Torres Strait Islander	
Is the student a young carer (providing support/care for other family member/s)? *	☐ Yes	☐ 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.

Students with 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?	
☐ Yes	☐ No *(move to the next section)*
Please indicate any adjustments that may assist the student to participate at school:	
Has the student had a disability assessment before?	☐ No ☐ Yes *(specify outcome):* _____
Has the student received individualised disability funding before?	☐ No ☐ Yes *(please specify):* _____
Has any previous education provider prepared a documented plan to support the student's additional learning needs?	☐ No ☐ Yes *(provide details):* _____

Does the student have additional needs in any of the following areas?	***Hearing:***	☐ No	☐ Yes *(please specify):* _____
	Vision:	☐ No	☐ Yes *(please specify):* _____
	Speech/Language:	☐ No	☐ Yes *(please specify):* _____
	Physical:	☐ No	☐ Yes *(please specify):* _____
	Cognitive/Learning:	☐ No	☐ Yes *(please specify):* _____
	Social/Emotional:	☐ No	☐ Yes *(please specify):* _____

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

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)*

If Yes, name of last school attended:	
If Yes, location of last school attended: *(suburb/town/state/country)*	
If Yes, date of attendance: *(dd-mm-yyyy)*	_____ / _____ / _____ to _____ / _____ / _____
If Yes, year levels of previous education:	*(Tick all that apply)*

☐ Foundation/Prep ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ Ungraded

If the student studied overseas, what age did the student first start school?	
What was the language of the student's previous education?	

Period of interruption to education: *(months/years)*		**Is the student repeating a year level?**	☐ Yes ☐ No

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.

Asthma

Does the student have asthma?	☐ Yes		☐ 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			☐ Yes	☐ No
Does the student take medication?	☐ Yes	☐ No	**Name of medication taken:**	
Is the medication taken regularly by the student (preventive) or only in response to symptoms?			☐ Preventative	☐ Response
Indicate the usual dosage of medication taken:			**Indicate how frequently the medication is taken:**	
Medication is usually administered by:	☐ Student	☐ Adult	☐ Other: _____	
Medication is to be stored:	☐ with Student	☐ with Staff	☐ Other: _____	
Dosage time:		**Reminder required?**	☐ Yes	☐ No

Medical Conditions

Does the student have an allergy? If yes, please provide the school with an ASCIA Action Plan for Allergies.	☐ Yes	☐ No

Is the student at risk of anaphylaxis? If yes, please provide the school with an ASCIA Action Plan for Anaphylaxis.	☐ Yes	☐ 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.			☐ Yes	☐ No
If Yes to any of the above, please specify:				
Symptoms of Medical Condition:				
If the student displays any of the symptoms above, please:				
Inform emergency contact	☐ Yes	☐ No	***Administer medication***	☐ Yes ☐ No

Medication

Does the student take medication?	☐ Yes	☐ No
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	☐ Yes	☐ No
Name of medications taken:		

Allied Health Support

The Department of Education recognises that students may need to seek support from Allied Health Professionals outside of the school environment. If your child has accessed any of the below services and a report or assessment results are available, please provide a copy to the school.

Has the student previously accessed support from an allied health professional?	***Occupational therapy:***	☐ No	☐ Yes	☐ Report Available
	Speech pathology:	☐ No	☐ Yes	☐ Report Available
	Physiotherapy:	☐ No	☐ Yes	☐ Report Available
	Exercise physiology:	☐ No	☐ Yes	☐ Report Available
	Psychologist / Psychiatrist	☐ No	☐ Yes	☐ Report Available
	Paediatrician	☐ No	☐ Yes	☐ Report Available
	Behaviour support:	☐ No	☐ Yes	☐ Report Available
	Learning Intervention	☐ No	☐ Yes	☐ Report Available
	Other:	☐ No	☐ Yes (specify): _____	

STUDENT TRAVEL DETAILS

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:				

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.

OFFICE USE ONLY			
Immunisation Certificate received:	☐ Yes – Up to date	☐ Yes – Not up to date	☐ Not sighted / provided
Are there any Notice/s on the Immunisation History Statement:	☐ Yes	☐ No	
Does the student have asthma, allergies or anaphylaxis?	☐ Yes	☐ No	
Does the student need to take medication during school hours?	☐ Yes	☐ No	
***Have the required medical forms been provided to the school?**	☐ Yes	☐ No	☐ N/A – no medical conditions

*Note: Additional forms including student medical advice and condition forms can be found here: Medical Advice Forms

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.

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?	
☐ Yes	☐ No *(move to the next section)*
If Yes, please provide further detail:	

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

Is there an intervention order, parenting order or any other court order impacting the student?	
☐ Yes	☐ No *(move to the next section)*

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

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

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)	

OFFICE USE ONLY			
Current Court Order or other access document placed on student file?	☐ Not Applicable	☐ No	☐ Yes

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 2: _____ 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.

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) 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

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
- **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 policy.
- **Adult Students:** a student 18 years of age or older is considered an adult and can sign their own consent form.

SOUTH MELBOURNE PRIMARY SCHOOL PERMISSIONS AND AUTHORITY FORM:

NAME OF STUDENT: _____

Please note that a separate form must be completed for each child attending South Melbourne Primary School.

Indicate your consent by using the tick boxes. You will still have to include the name of student and signature.

MEDICAL CONSENT

YES **NO**

☐ ☐ 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 they are unable to contact me, or it is otherwise impracticable to contact me, to:

- Consent for my child to receive such medical or surgical attention as may be deemed necessary by a medical practitioner; and/or
- Administer such First Aid as the Principal or staff member may judge to be reasonably necessary.

COSENT TO HEAD LICE INSPECTIONS

YES **NO**

☐ ☐ From time to time it may be necessary to conduct head lice inspections if an outbreak occurs. The school is aware that this can be a sensitive issue and is committed to maintaining student confidentiality and avoiding stigmatisation. Please note that health regulations require that when a child has head lice, that child should not return to school until appropriate treatment has commenced. I give permission for my child to be inspected for head lice.

OSH CLUB (AFTER SCHOOL CARE)

YES **NO**

☐ ☐ I acknowledge that SMPS has a duty of care to ensure the safety and supervision of my child. I will endeavour to register my child with the After School Care program (OSH Club at SMPS) should such an emergency arise. This will enable staff to ensure my child is appropriately cared for. I understand that this arrangement may involve my child attending one emergency afternoon session of OSH Club. I commit to completing the necessary registration with OSH Club should a similar situation occur in the future

PHOTOGRAPHING, FILMING AND RECORDING STUDENTS AT SOUTH MELBOURNE PRIMARY SCHOOL

I have read this form and I consent to South Melbourne Primary School collecting photos, video or recordings of my child during their time at the school, and using these photos, video or recordings in the following ways.

YES **NO**

☐ ☐ I consent to the use of images of my child within the physical school environment
i.e. Posters at school etc.

☐ ☐ I consent to the use of images of my child within the school community
i.e. Compass chronicles, Seesaw etc.

☐ ☐ I consent to the use of images of my child beyond the school community/publicly
i.e. the school's website, newsletter and social media accounts etc.

LOCAL EXCURSIONS

The purpose of this form is to obtain parent/carer consent for local excursions during 2025.
This form does NOT provide consent for excursions that go beyond the local area.
I have read all the information in relation to local excursions. I understand that:

- to ensure the school has up-to-date health and contact information about my child, I need to inform the school if this information changes
- the school will notify me prior to a local excursion(s) taking place
- I may withdraw my consent for any/all local excursions at any time prior to the day of the excursion by contacting the school at south.melbourne.ps@education.vic.gov.au

YES **NO**

☐ ☐ I give permission for my child to attend local excursions in 2025.

NAME OF PARENT/CARER _____

SIGNATURE: _____ **DATE:** _____ / _____ / _____

Further information about how South Melbourne Primary School collects and uses photos, video and recordings of students is available in our Photographing, Filming and Recording Students Policy, including use of images that do not require consent, e.g. to fulfil legal obligations or for identification purposes.

PHOTOGRAPHING, FILMING AND RECORDING STUDENTS AT SOUTH MELBOURNE PRIMARY SCHOOL

There are many occasions during the school year when staff photograph, film or record students participating in school activities or events. We do this for many reasons including to celebrate student participation and achievement, showcase learning programs, document a student's learning journey/camps/excursions/sports events, communicate with our parents/carers and school community in newsletters etc.

Our **Photographing, Filming and Recording Students Policy**, describes how we will collect and use photographs, video and recordings (images) of students. The policy also explains when parent/carer consent is required and how it can be provided and withdrawn.

Please note there are uses of images that do not require consent. These include curriculum-based activities (i.e. class work), identity management, managing behavioural and safety incidents, to support a student's health and wellbeing, and to provide individual feedback or communication to a student, their parents/carers and/or school staff. If you have any concerns about the use of photographs in our school, for example, due to safety or cultural reasons, please contact the school on (03) 9935 9399 or at south.melbourne.ps@education.vic.gov.au.

This **Consent Form** describes:

- Situations where consent is required and seeks that consent
- how personal information will be handled in regard to privacy law
- ownership and reproduction of images

If you would like to withdraw or change your consent at any time, you must notify us at south.melbourne.ps@education.vic.gov.au. If consent is withdrawn verbally, we will make a written record of this. Please note, it may not be possible for the school to amend past publications or to withdraw images that are already in the public domain.

We will provide an annual reminder to parents about our Photographing, Filming and Recording Students Policy via the school newsletter and/or a Compass Newsfeed. We will also notify parents when implementing software that may include photos of students, giving parents an opportunity to discuss any concerns or preferences.

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

If you do not understand any aspect of this consent form, or you would like to talk about any concerns you have, please contact our school at south.melbourne.ps@education.vic.gov.au.

Privacy

Photographs, video and recordings (**images**) in which your child is identifiable are considered 'personal information' under Victorian privacy law. This means that any images of your child taken by the school may be a collection of your child's personal information. The school is part of the Department of Education (**the department**). The department values the privacy of every person and must comply with the Privacy and Data Protection Act 2014 (Vic) when collecting and managing all personal information. For further information refer to the Schools' Privacy Policy (http://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx).

Ownership and reproduction

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

Use of images within the physical school environment

If you consent, photographs, video or recordings of your child may be used by our school within the school environment in any of the following ways:

- for display in school classrooms (e.g. in displays of student work, on noticeboards to celebrate achievements)

Use of images within the school community

If you consent, photographs, video or recordings of your child may be used by our school within the school community in any of the following ways:

- in the school's online communication, learning and teaching tools (e.g., emails, classroom apps that can only be accessed by students, parents/carers and school staff with passwords.)

Use of images beyond the school community/publicly

If you consent, photographs, video or recordings of your child may be used in publications that are accessible to the public, including:

- on the school's website including in the school newsletter which is publicly available on the website
- on the school's social media accounts (Facebook)

We will notify you individually if we are considering using images of your child for specific advertising or promotional purposes.

LOCAL EXCURSIONS

In 2025, SMPS may take students outside of school grounds to undertake educational activities in the local area. Local excursions are excursions to locations within walking distance of the school and do not involve 'Adventure Activities'. SMPS will NOT seek further consent from you before local excursions take place. However, we will provide advance notice to parents/carers of upcoming local excursions through Compass. Where necessary, school staff will administer first aid. School staff will also seek emergency medical attention for your child if it is considered reasonably necessary. Any costs associated with student injury rest with parents/carers unless the Department of Education and Training is liable in negligence (liability is not automatic). The Department of Education and Training does not provide student accident insurance or ambulance cover. Parents may wish to obtain this cover, depending on their health insurance arrangements and any other personal considerations.

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