

Form to Enrol in a Victorian Government School

STUDENT ENROLMENT INFORMATION - 20 ____	OFFICE USE ONLY	CASES21 Student ID: _____
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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.

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?													
<input type="checkbox"/> Foundation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> Ungraded

Intended start date:
<input type="checkbox"/> Day 1, Term 1 <input type="checkbox"/> Other: (dd-mm-yyyy) ____ / ____ / ____

Are you seeking to enrol the student at this school full-time?	<input type="checkbox"/> Yes (move to next section)	<input type="checkbox"/> No
If No, how many days a week would the student be attending this school?		
If No, provide reason you are seeking part-time enrolment:		
If No, provide details for other schools:		
Other school name:	Days / week:	Has enrolment been accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other school name:	Days / week:	Has enrolment been accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No

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.

No. & Street Address:	
Suburb:	
State:	Postcode:
How often does this student live at this address?	
<input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> 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:	

Student Living Arrangements

What are the student's living arrangements?	
<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 Youth	
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 a 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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>(move to next section)</i>
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Name	Current Year Level	Reside at same residential address as the student
1		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
2		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
3		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
4		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes

Student Demographics

Does the student speak English?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
❖ Does the student speak a language other than English at home?		
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify the main language spoken at home): _____		
❖ Is the student of Aboriginal or Torres Strait Islander origin?		
<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		
Is the student a young carer (providing support/care for other family member/s)? *	<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 mental illness, physical illness, disability, chronic illness, or who is aged or has an addiction

Student Residency Status

❖ In which country was the student born?		
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): _____		
If born overseas, on what date did the student arrive in Australia? (dd-mm-yyyy)		____ / ____ / ____
What is the student's residency status? *		
<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		
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?	<input type="checkbox"/> Yes (provide further detail below)	<input type="checkbox"/> No
If Yes, what was the student's previous visa?		
If Yes, what visa has the student applied for?		

International Student ID*: (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 via email (international@education.vic.gov.au)

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

Does the student have additional needs in one of the following areas?	Hearing:	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please specify): _____
	Vision:	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please specify): _____
	Speech/Language:	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please specify): _____
	Physical:	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please specify): _____
	Cognitive/Learning:	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please specify): _____
	Social/Emotional:	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 run 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?	<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 (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:	_____

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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PARENT/CARER DETAILS

Enrolling Adult 1

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:		

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: (Email shall be used for communication that cannot be sent via phone)		
<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

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Always	Mostly	Balanced (50%)
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 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"> 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'. 	

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:

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: (Email shall be used for communication that cannot be sent via phone)		
<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 2 born?	
<input type="checkbox"/> Australia	
<input type="checkbox"/> Other (please specify): _____	
❖ Does Adult 2 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 2:	
Is an interpreter required?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Always	Mostly	Balanced (50%)
Occasionally	Never	

Adult 2 Job Title:	
Adult 2 Employer:	

Is Adult 2 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 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"> 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 <u>paid</u> work for the last 12 months, enter 'N'. 	

Additional Parents/Carers

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

If yes, please complete the Adult 3 and/or Adult 4 sections as attachments to this form on pages 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 (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)	<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.

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

*Note: If you would like to send bills to another person / address, please ensure Additional Parent/Carer details are completed on pages 16-17.

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:

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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the schools with an ASCIA Action Plan for Allergies .			
Is the student at risk of anaphylaxis?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the school with an ASCIA Action Plan for Anaphylaxis .			
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:			
Inform emergency contact	<input type="checkbox"/> Yes	No	Administer medication
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No
Other medical action	<input type="checkbox"/> Yes	No	If Yes, please specify: _____

Medication

Does the student take medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of medications taken:		

Allied Health Support

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

OFFICE USE ONLY			
Immunisation Certificate received:	<input type="checkbox"/> Yes – Up to date	<input type="checkbox"/> Yes – Not up to date	<input type="checkbox"/> Not sighted / provided
Are there any Notice/s on the Immunisation History Statement:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the student have asthma, allergies or anaphylaxis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the student need to take medication during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
*Have the required medical forms been provided to the school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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 the student's transition to school. This may include preparing a behaviour management plan or other appropriate strategies directed at meeting the particular needs of the student. The action 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?	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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
	<input type="checkbox"/> Child Protection Order	DFFH Authorisation	<input type="checkbox"/> 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 (either organised by the school and/or third parties) that the student cannot participate in?	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No

STUDENT TRAVEL DETAILS

How will the student primarily travel to and from school?				
<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: _____
If the student catches public transport to school, what station/stop does their journey commence:				
If the student drives themselves to school, what is their Car Registration Number:				

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

Conveyance Allowance Program

The Conveyance Allowance Program supports eligible families attending mainstream schools in rural and regional Victoria, and special schools (state-wide) with financial assistance towards the cost of transporting students to and from school.

Is the student applying for the Conveyance Allowance Program?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No (<i>proceed to next question</i>)
Your school can provide the applicable application form and advice on the different types of conveyance available. For further information, including the conveyance allowance policy and application forms, refer to the Department's Policy and Advisory Library (PAL) here: www.education.vic.gov.au/pal/conveyance-allowance/policy	

School Bus Program

The School Bus Program assists families in rural and regional Victoria by transporting students to school where they do not have access to public transport. The program supports travel to students nearest government and non-government school. Travel by bus to special schools is provided through the Students with Disabilities Transport Program (see below). Travel to a school that is not the nearest will incur a fare to travel. Your school can provide the applicable application form.

Is the student applying for the School Bus Program?	
<input type="checkbox"/> Yes (see text below)	<input type="checkbox"/> No (<i>proceed to next question</i>)
Your school can provide the applicable application form and advice on travel type (free travel, pre-school, fare payer etc.) For further information, including the School Bus Program policy refer to the Department's Policy and Advisory Library (PAL) here: www.education.vic.gov.au/pal/school-bus-program/policy	

Students with Disabilities Transport Program

The Students with Disabilities Transport Program assists families throughout Victoria by transporting students to their nearest appropriate government special school. The program supports travel for students within Designated Transport Areas (DTA). Families should also consider the conveyance allowances that may provide increased or alternative travel options to support school travel.

Is the student applying to travel on a school bus or other travel assistance?	
<input type="checkbox"/> Yes (read below text)	<input type="checkbox"/> No
Your school can provide the applicable application form and advice on travel suitability. For further information, including the Students with Disabilities Transport Program policy refer to the Department's Policy and Advisory Library (PAL) here: www.education.vic.gov.au/pal/transport-students-disabilities/policy	
First date of travel?	<input type="checkbox"/> Next school year <input type="checkbox"/> Alternate date: (dd-mm-yyyy) ____ / ____ / ____
Type of travel assistance requested?	
<input type="checkbox"/> Access to School Bus	<input type="checkbox"/> Conveyance Allowance
If applicable, specify the student's mode of assisted mobility.	<input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker
Comments relevant to travel:	

OFFICE USE ONLY**Can the student Individual Education Plan (IEP) include travel training?**☐ Yes☐ No**Is the student attending their nearest school?**☐ Yes☐ No**Does the student reside in Designated Transport Area (DTA) (if attending special school)?**☐ Yes☐ No**Can the student be accommodated on an existing route (if applicable)?**☐ Yes☐ No**Pick-up Point:**

Map Ref:

Time AM:

Set Down Point:

Map Ref:

Time PM:

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.

DECLARATION

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

I/We confirm that:

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

Signature of Enrolling Adult: _____ Date: ____ / ____ / ____

Signature of Enrolling Adult (if applicable): _____ Date: ____ / ____ / ____

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

Both parents/carers have completed and signed this form.

Parents/carers are completing separate forms (schools can provide additional forms on request).

One parent has completed and signed this form on behalf of both parents. Contact details for the other parent have been provided in the form for the school's use as required.

One parent has completed and signed this form and the contact details for the other parent are unknown to the enrolling parent/carer and not provided.

There is only one parent/carer with legal responsibility for the child and that person has completed and signed this form.

Other, please specify: (for instance, where the contact details for the other parent are known but it is not appropriate or safe to contact them) _____

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

WHO CAN SIGN THIS FORM?

- **A person with parental responsibility:** a parent of a child under 18 years of age, subject to relevant court orders (including parenting orders made under the *Family Law Act 1975* and protection orders made under the *Children, Youth and Families Act 2005* by the Children's Court, or other person granted parental responsibility under a relevant court order).
- **A carer formally authorised by Child Protection to enrol the student:** the Department of Families, Fairness and Housing (DFFH) can issue a written authorisation to the carer of a child in out of home care to make decisions about the child, in some circumstances this will include specific authorisation to enrol the child at school.
- **Informal carer:** an Informal Carer is a relative or other responsible adult with whom the child lives, and who has day to day care of the child. The informal carer should provide an Informal Carer Statutory Declaration to confirm their status as an informal carer. A copy of this statutory declaration can be obtained from www.education.vic.gov.au/PAL/informal-carer-statutory-declaration-template.pdf
- **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.

ATTACHMENT – 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)

ATTACHMENT – ADDITIONAL PARENT/CARER DETAILS

Enrolling Adult 3

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:		

Can we contact Adult 3 during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult 3 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 3's preferred method of contact: (Email shall be used for communication that cannot be sent via phone)		
<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 3 born?	
<input type="checkbox"/> Australia	
<input type="checkbox"/> Other (please specify): _____	
❖ Does Adult 3 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 3:	
Is an interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Always	Mostly	Balanced(50%)
Occasionally	Never	

Adult 3 Job Title:	
Adult 3 Employer:	

Is Adult 3 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 Adult 3 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 3 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 3? Please select the appropriate current parental occupation group from the attached list at the end of the document.	
<ul style="list-style-type: none"> 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 <u>paid</u> work for the last 12 months, enter 'N'. 	

Enrolling Adult 4

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:		

Can we contact Adult 4 during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult 4 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 4's preferred method of contact: (Email shall be used for communication that cannot be sent via phone)		
<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 4 born?	
<input type="checkbox"/> Australia	
<input type="checkbox"/> Other (please specify): _____	
❖ Does Adult 4 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 4:	
Is an interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Always	Mostly	Balanced (50%)
Occasionally	Never	

Adult 4 Job Title:	
Adult 4 Employer:	

Is Adult 4 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 Adult 4 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 4 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 4? Please select the appropriate current parental occupation group from the attached list at the end of the document.	
<ul style="list-style-type: none"> 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 <u>paid</u> work for the last 12 months, enter 'N'. 	

PLEASE READ THE FOLLOWING ENROLMENT CONDITIONS CAREFULLY

FIELD TRIPS

A field trip is defined as any learning activity where movement is required to move between College locations. I give approval for my child to participate in field trips. Students will walk and be accompanied by their teacher between:

Churchill Campus to University Campus

University Campus to Churchill Campus

Churchill Campus to Latrobe Leisure Churchill

University Campus to Latrobe Leisure Churchill

Morwell Campus to Kurnai Technology Centre/Air Cadets on Bridle Road

Students will travel by school bus and be accompanied by their teacher between:

Morwell and Churchill Campuses to Gippsland Tech School

Churchill Campus to Kurnai Technology Centre/Air Cadets on Bridle Road

CAMPS AND EXCURSIONS

I agree that my child will not be deemed to be attending Camps or Excursions until all relevant forms are returned and appropriate payments are made by the due date. Students not attending camps and/or excursions are expected to attend school.

ATTENDANCE

I agree that attendance at school will be regular and punctual. All absences will be explained by means of a note or phone call from a parent/guardian or doctor's certificate upon return to school.

COMPUTER AND INTERNET USE

Conditions

For users to gain use of and access to Kurnai College's Internet facilities or have a Bring your own Device connected they must read and accept the following rules and sign the agreement. The agreement must also be signed by a parent if the student is under 18 years of age.

Purpose

The purpose of this document is to establish a policy for acceptable use of the Internet at Kurnai College and BYOD. It is particularly designed to protect students from accessing inappropriate material and to teach them responsible use of online materials and to ensure that students and parents know their responsibilities when bringing and using a personal device at school.

ICT Agreement

1. Because Kurnai College's Internet accounts exist to provide access to curriculum related material I shall not use the school account to search for non-curriculum related material unless given direct permission by College staff.
2. I shall not use the Internet to access unacceptable material. This includes sites dealing with illegal activities, pornography, or extreme violence.
3. I accept that information published on the Internet may be inaccurate or may misrepresent a person or situation and shall take care in the use of this material.
4. I will abide by copyright laws. I shall not copy or redistribute work or use other people's work without correctly acknowledging them.
5. I shall respect the rights and privacy of others. I will not disclose usernames and passwords to anyone, read other people's electronic mail or reveal personal addresses or phone numbers.
6. In accordance with Section 85ZE of the *Commonwealth Crimes Act*, I shall not use the Internet or any telecommunication service to menace or harass others. Similarly I will not use such a service to use disrespectful, inaccurate or inappropriate language.
7. I shall treat all College computer equipment with care and respect.
8. I understand and accept that inappropriate behaviour whilst accessing the Internet shall incur penalties. Kurnai College reserves the right to terminate or suspend Internet access and/or other penalties as deemed appropriate.
9. Students who bring their own devices must not use these devices in any manner illegal, harmful or against the school's internet policy.
10. I shall not use these personal devices for anything deemed to be un-educational by any member of Kurnai College's staff.
11. I accept that the use of a personal devices in connection with Kurnai College carries specific risks for which I as the owner/user, assume full responsibility. These risks include but are not limited to, partial or complete loss of data, errors, bugs, viruses, downloaded malware, and/or other software or hardware failures, or programming errors which could render devices inoperable.
12. Kurnai College accepts no responsibility for inappropriate use, damage obtained on or off school grounds, misuse by those other than the intended owner/user, loss or malfunction.
13. I agree that Kurnai College and its staff will not be responsible or held responsible for the maintenance or upkeep of the device.
14. It is my responsibility to keep any personal device in a safe and secure situation at all times
15. If devices are deemed to be conflicting with any Kurnai College policy or agreement whether agreed to or not, the devices may be taken by any member of Kurnai College's staff under the responsibility of the owner/user and not that of the staff member, with any damage incurred the responsibility of the Owner/user.
16. I agree that any device may be taken at any time to be checked by a Kurnai College staff member should that staff member identify that the personal device contain inappropriate data or be used in an inappropriate manner as deemed by that staff member.
17. I agree that any personal devices will have up to date programs, operating systems, virus protection, browsers and plugins.
18. In the event of loss, theft or damage, you must inform Kurnai College within 2 working days.
19. I agree that the device meets the 'BYOD approved device list' which may change at any time.
20. I agree that only 2 devices (including mobile phone) will be connected to the school network, and that further connections will not be permitted.
21. I agree that connection is not guaranteed and may be disconnected at any time without warning.

We have read the agreement and accept the conditions outlined.

MICROSOFT OFFICE 365 EDUCATION - PRIVACY INFORMATION AND CONSENT FORM

Kurnai College uses Office 365 Education in the classroom. Office 365 Education is an internet based service provided by Microsoft for educational purposes only. It provides students and teachers with access to online services such as email, calendar, blogging, online document storage (for school work), sharing, messaging and video-conferencing facilities from school, and at home. Office 365 for Education includes the following online services:

- | | |
|--------------------------|------------------------|
| 1. Exchange online email | 6. Yammer |
| 2. Lync online | 7. Office video |
| 3. SharePoint online | 8. OneNote Classroom |
| 4. OneDrive for Business | 9. Microsoft Classroom |
| 5. Microsoft Office apps | 10. Sway |

Terms and Conditions

Microsoft Online Services Terms and privacy information can be found by clicking going to the links below:

<http://www.microsoft.com/en-us/licensing/product-licensing/products.aspx>

<http://office.microsoft.com/en-us/business/office-365-trust-center-cloud-computing-security-FX103030390.aspx>

<http://office.microsoft.com/en-us/business/office-365-trust-center-top-10-trust-tenets-cloud-security-and-privacy-FX104029824.aspx>

Consent for Microsoft to access specific personal information of your child

We seek your consent for your child to use the above stated Office 365 Education online services. To enable your child to sign-on and access these services, Microsoft require access to your child's Department of Education & Training username, first and last name, year level and school. If you do not provide consent, your child will not have access to the online services and alternate arrangements for allocating work will be made.

Parental access to Personal Information

The Department of Education and Training's ('Department') use and handling of your child's personal information is governed by the *Privacy and Data Protection Act 2014 & Health Records Act 2001(Victoria)*. You can access personal information held by the Department about you and your child under the *Freedom of Information Act 1982 (Victoria)*. If a mistake in that personal information is identified, the Department is required to correct it under the *Privacy and Data Protection Act 2014*. Microsoft's Online Services Terms provides further information on how Microsoft may use your child's personal information.

Providing a safe online environment

Use of online services will be subject to classroom supervision during school hours. A 'Report Abuse' facility will be provided for students to report unacceptable behaviour. A nominated member of staff will address the issue during school hours. To further assist your child in having safe and positive experiences online, you can refer to parent information on the Australian Government's Office of the Children's eSafety Commissioner website:

<https://esafety.gov.au/>. In addition, staff at our school have been advised that the use of Office 365 Education is strictly for teaching and learning material only (e.g. lesson plans and classwork) and staff do not upload your child's personal, sensitive, health; or security classified information into Office 365 Education.

Student responsibilities when using online services

When using Office 365 Education, students continue to be responsible for their behaviour as outlined in our school's Students Acceptable Use Agreement. The main themes of this agreement are:

- Communicate respectfully;
- Protect personal information; and
- Look after yourself and others.

Acknowledgement and Consent for student use of online services

By signing and returning this form you acknowledge, consent and confirm that:

- You have received and read this Privacy Information and Consent Form – Office 365 Education.
- You understand how your child's personal information will be collected, used, disclosed and managed.
- You understand that this consent will continue while your child is involved in the use of the consented online services.
- You understand that this consent on behalf of your child may be withdrawn at any time by written notification to the school.
- You understand that if the school determines that the personal information is no longer required or relevant, the use of the personal information will cease.

CONSENT TO CONDUCT HEAD LICE INSPECTIONS

Throughout your child's schooling, the school will be arranging head lice inspections of students.

The school is aware that this can be a sensitive issue and is committed to maintaining student confidentiality and avoiding stigmatisation.

Before any inspections are conducted the person conducting the inspections will explain to your child what is being done and why, and it will be emphasised to your child that the presence of head lice in their hair does not mean that their hair is less clean or well-kept than anyone else's. It will also be pointed out that head lice can be itchy and annoying and if you know you have got them, you can do something about it.

The person conducting the inspections will check through your child's hair to see if any lice or eggs are present.

Persons authorised by the campus principal may also visually check your child's hair for the presence of head lice, when it is suspected that head lice may be present. They do not physically touch the child's head during a visual check.

In cases where head lice are found, the person inspecting the student will inform the campus principal. The school will make appropriate contact with the parents/guardians/carers.

Please note that health regulations requires that where a child has head lice, that child should not return to school until appropriate treatment has commenced. The school may request the completion of an 'action taken form', which requires parents/guardians/carers to nominate if and when the treatment has started.

MORWELL CAMPUS BUS TRAVEL TO UNIVERSITY CAMPUS

Morwell Campus students who are timetabled to attend classes at the University Campus will be transported to and from the University Campus by bus on the relevant days.

I agree for my child to be transported via bus to and from Morwell Campus to the University Campus to attend classes.

CODE OF BEHAVIOUR

We agree that all Kurnai College expectations will be abided by particularly those relating to general and classroom behaviour, consequences, cleanliness, yard duty, safety precautions, manners, homework, leaving the school grounds, bus travel and uniform as set out in the parent handbook.

Bullying and Harassment Statement

Kurnai College seeks and affirms each person's worth, dignity and vocation. Bullying strikes at the very basis of these values and prevents individuals reaching for excellence in every dimension of life. Students are entitled to receive their education free from bullying and harassment of any kind. Bullying affects not just the victim and bullies. It also affects other students who witness violence, intimidation and the distress of the victim. It can damage the atmosphere of the class and even the climate of the school.

I understand the seriousness of bullying and harassment and accept that Kurnai College will not tolerate it occurring and will do whatever it can to stop it from occurring.

Signature of Student: _____ Dated ____ / ____ / ____

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

VCAA PRIVACY NOTICE FOR STUDENTS

The Victorian Curriculum and Assessment Authority (VCAA) is a statutory authority established under the Victorian Curriculum and Assessment Act 2000. The VCAA has responsibilities relating to both curriculum and assessment across year levels Prep to 12 for all Victorian school students. The VCAA is committed to protecting student information and all personal information collected is handled in accordance with the *Information Privacy Act 2000*.

Collection of Student Data

In order to perform its functions the VCAA collects the personal details of all students undertaking one or more VCE units of study, including performance data related to the VCE assessment program. It also collects personal details for all IB students who are to sit the General Achievement Test (GAT). All information is collected directly from students by the school.

Where additional information is required, such as in the case of applications for Special Provision, this is also collected from individual students.

The information on Aboriginal and Torres Strait Islander origins is used by the VCAA to report to the Commonwealth and State Governments to assist in the planning of support for students who fall within these categories. No individual students are identified in such reports.

All student data is submitted to the VCAA via the VCE Administrative Software System (VASS).

Use of Student Data

The student data collected by the VCAA, including personal details, unit results, graded assessments, VET certificate results and data on Consideration of Disadvantage, together with study scores and GAT scores, is used by the VCAA to provide individual students' final VCE and GAT results. The assessment data which is provided to the student directly is also provided to his/her home school and, if it is not the home school, to the school where the study was undertaken.

The purpose of disclosing the student VCE and GAT assessment data to the schools is to enable schools to analyse the effectiveness of their school assessment programs. In this way the VCAA ensures quality assurance of the VCE assessment program across the State of Victoria.

Personal details of all VCE and IB students are forwarded to the Victorian Tertiary Admissions Centre (VTAC) for inclusion in CourseLink, a password-protected interactive, web-based program, which enables individual students to access career and course options tailored to take into account their place of a residence, interest, existing studies and future plans.

The VCAA also forwards individual students' personal information, VCE and GAT results, and, if applicable, data for Consideration of Disadvantage, to VTAC for the calculation of the Australian Tertiary Admission Rank (ATAR) and, if necessary, for the submission of student applications for tertiary course selection.

Disclosure

The VCAA will not provide identifiable student data to any other person or organisation without the consent of the individual students, unless required by law or other regulation to do so.

Notification, Access and Security

Students will be notified of what information has been collected from them and the level of disclosure to which they have consented via a "Student Full Details Report" which will be available from the school following lodgement of Personal Details Forms at the time of enrolment.

Student information collected by the VCAA is stored on its VCE database and access is limited to authorised staff at the VCAA and at the school.

Data collected from students and the results awarded to them are retained permanently by the VCAA. These records are held in the VCE database and backed up on microfiche. All records are held securely.

Correspondence concerning access to student records held at the VCAA including individual assessment and contact details should be addressed to the Manager, Student Records and Results, VCAA, 41 St. Andrew Place, East Melbourne, 3002.

The privacy statement is available on www.vcaa.vic.edu.au

Thank you for taking the time to complete this Student Enrolment Information form.

By signing this document you and your child fully understand and give permission and approval to the policies operating to cover the duration of the student's schooling at Kurnai College.

Signature of Student: _____ Dated ____ / ____ / ____

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



PERMISSION FORM

RELEASE OF STUDENT INFORMATION

In order for Kurnai College to meet the needs of your child receiving the most from their education, it is important that we have an understanding of your child's previous progress and needs. This requires us collecting data from your child's last school so that we can proceed with developing strategies with information supplied to us to help your child in their education and development.

I / We hereby authorise Kurnai College to access a copy and discuss information regarding my/our child's educational outcomes whilst at your school.

- NAPLAN test results.
- Outcomes of any education/psychology reports/assessments.
- A copy of court order/correspondence regarding access restrictions.
- Information regarding strategies used to help within the classroom.
- Other
-

Signed: _____
(Parent/Guardian)

Date: ____ / ____ / ____

IMAGE APPROVAL

As part of our focus of enhancing our students' achievements and abilities, there may be occasions when Kurnai College would like to advertise work performed or events undertaken. To do this we require you to complete the form below giving permission for your child's photo and/or first name to appear in advertising material.

Photo and first name to appear in other school publications
e.g. brochures, pamphlets ☐ Yes ☐ No

Photo and first name to appear in local and other newspapers ☐ Yes ☐ No

Photo and first name to appear on the College website* and
social media. ☐ Yes ☐ No
**This will include newsletters that are uploaded to the
College's website.*

I give permission for my child to appear on television/radio
and be named ☐ Yes ☐ No

Student Name: _____ (print)

Parent/Guardian Name: _____ (print)

Relationship to Student: _____ (print)

Signed: _____ Date: ____ / ____ / ____
(Parent/Guardian)