

Form to Enrol in a Victorian Government School

KARINGAL PRIMARY SCHOOL

Student Enrolment Information – 20____

OFFICE USE ONLY

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 your child.

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)	

Intended start date:
☐ Day 1, Term 1 ☐ Other: (dd-mm-yyyy) ____ / ____ / ____

Which year are you seeking to enrol this student?
☐ Foundation ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ Ungraded

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?
☐ Always ☐ Mostly ☐ Balanced (50%)
If the student lives at another address during the school week, please provide further details including the address, who they reside with and how many days a week the student lives there:

Siblings

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

Does the student have any siblings at this school?	☐ Yes ☐ No <i>(move to next section)</i>
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Name	Current Year Level	Reside at same residential address as the student
1		☐ Yes ☐ No ☐ Sometimes
2		☐ Yes ☐ No ☐ Sometimes
3		☐ Yes ☐ No ☐ Sometimes
4		☐ Yes ☐ No ☐ Sometimes

PARENT/CARER DETAILS

Enrolling Adult 1

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

Adult 1 Relationship to student:	
☐ Parent	☐ Step Parent
☐ Host Family	☐ Relative
☐ Self (adult student / mature minor)	☐ Friend
☐ Foster Parent	☐ Other: _____
Student lives with Adult 1:	
☐ Always	☐ Mostly
☐ Balanced (50%)	☐ Occasionally

No. & Street Address:		
Suburb:		
State:	Postcode	

Enrolling Adult 2

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

Adult 2 Relationship to student:	
☐ Parent	☐ Relative
☐ Host Family	☐ Friend
☐ Foster Parent	☐ Other: _____
☐ Step Parent	
Student lives with Adult 2:	
☐ Always	☐ Mostly
☐ Balanced (50%)	☐ Occasionally

Address is the same as Enrolling Adult 1	☐ Yes ☐ No <i>(complete below)</i>
No. & Street Address:	
Suburb:	
State:	Postcode

Adult 1 Job Title:	
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 ☐ Year 10 or equivalent	☐ Year 11 or equivalent ☐ Year 9 or equivalent or below / no schooling
❖What is the level of the highest qualification that Adult 1 has completed?	
☐ Bachelor degree or above ☐ Certificate I to IV (including trade certificate)	☐ Advanced diploma / Diploma ☐ 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.	
- 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'.	

What is the main language spoken between the student and adult at home?	
Preferred language of communications:	
Is Adult 1 interested in being involved in school group participation activities? (e.g., School Council, excursions)	☐ Yes ☐ No

Adult 2 Job Title:	
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 ☐ Year 10 or equivalent	☐ Year 11 or equivalent ☐ Year 9 or equivalent or below / no schooling
❖What is the level of the highest qualification that Adult 2 has completed?	
☐ Bachelor degree or above ☐ Certificate I to IV (including trade certificate)	☐ Advanced diploma / Diploma ☐ 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.	
- 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'.	

What is the main language spoken between the student and adult at home?	
Preferred language of communications:	
Is Adult 2 interested in being involved in school group participation activities? (e.g., School Council, excursions)	☐ Yes ☐ No

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

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

Emergency Contacts

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

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

Billing Details

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

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 13-15.

Correspondence Details

Send correspondence addressed to: (select one)	☐ Adult 1	☐ Adult 2	☐ Both Adults	☐ Neither
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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 complete the Adult 3 and/or Adult 4 sections as attachments to this form on pages 13-15. If required, you may request a separate form for additional parents/carers from the school. The separate form allows for the capture of four further parents/carers.

STUDENT DEMOGRAPHICS

❖ 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).

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.

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.

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

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

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

SCHOOL DETAILS

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

Previous Education – Students Enrolling in Foundation for the First Time

Is the student attending a funded kindergarten program* in the year before Foundation?		☐ Yes	☐ No
Name of kindergarten or early childhood service:			

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

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:	

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
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STUDENT MEDICAL DETAILS

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

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

Medical Conditions

Does the student have an allergy? If yes, please provide the school with an ASCIA Action Plan for Allergies (available at: www.allergy.org.au/hp/ascia-plans-action-and-treatment#r2a)	☐ Yes	☐ No
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Is the student at risk of anaphylaxis? If yes, please provide the school with an ASCIA Action Plan for Anaphylaxis (available at: www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis)	☐ Yes	☐ No
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Does the student have asthma?	☐ Yes	☐ No
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Has a current Asthma Action Plan been provided to School? If No, please provide an Asthma Action Plan to the School (available at: www.asthma.org.au/treatment-diagnosis/asthma-action-plan/)	☐ Yes	☐ No
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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 <u>medical advice form</u> , to be completed by the treating medical practitioner and returned to school.	☐ Yes	☐ No
If Yes to <u>any of the above</u>, please specify:		

Medication

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

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

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
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Does the student have additional needs in any of the following areas?	Hearing:	☐ Yes (please specify): _____
	Vision:	☐ Yes (please specify): _____
	Speech/Language:	☐ Yes (please specify): _____
	Physical:	☐ Yes (please specify): _____
	Cognitive/Learning:	☐ Yes (please specify): _____
	Social/Emotional:	☐ Yes (please specify): _____

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

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

Allied Health Support

Has the student previously accessed support from an allied health professional?		
Occupational therapy: ☐ Yes ☐ No Name and contact details: 	Exercise physiology ☐ Yes ☐ No Name and contact details: 	Speech pathology ☐ Yes ☐ No Name and contact details:
Physiotherapy ☐ Yes ☐ No Name and contact details: 	Behaviour support ☐ Yes ☐ No Name and contact details: 	Other ☐ Yes ☐ No Name and contact details:

STUDENT SAFETY, ACCESS AND SPECIAL CIRCUMSTANCES

Student Risk

The Department of Education has a responsibility to assess and manage risk of harm to its staff and students. By providing information about your child, you will help facilitate their transition to school and ensure their safety. This may involve preparing a behaviour management plan or other appropriate strategies to meet the particular needs of the student.

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 <i>(move to the next section)</i>
If Yes, please provide further detail: (e.g. sport, excursions)	

Privacy Statement

The personal and health information collected in this form, and any attachments, is required for enrolment at all Victorian Government Schools. The information is collected to ensure accurate enrolment, and to plan for and support the educational needs of students. The information will be managed securely and accessed only by staff, on a need-to-know basis, and in accordance with the Department of Education Schools' Privacy Policy which applies to all government schools (available at: www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx) 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 1 – PARENTAL OCCUPATION GROUP CODES

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

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

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

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

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

Defence Forces Commissioned Officer

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

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

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

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

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

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

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

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

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

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

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

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

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

Skilled office, sales, and service staff:

- Office (secretary, personal assistant, desktop publishing operator, switchboard operator)
- Sales (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)
- Service (aged / disabled / refugee / 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 2 – ADDITIONAL PARENT/CARER DETAILS

Enrolling Adult 3

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

Adult 3 Relationship to student:	
☐ Parent	☐ Relative
☐ Host Family	☐ Friend
☐ Foster Parent	☐ Other: _____
☐ Step Parent	
Student lives with Adult 3:	
☐ Always	☐ Mostly
☐ Balanced (50%)	☐ Occasionally

No. & Street Address:			
Suburb:			
State:		Postcode	

Adult 3 Job Title:	
Adult 3 Employer:	

In which country was Adult 3 born?	
☐ Australia	☐ Other (please specify): _____

❖ Does Adult 3 speak a language other than English at home?	
☐ No, English only	
☐ Yes (please specify): _____	
Please indicate any additional languages spoken by Adult 3:	
Is an interpreter required?	☐ Yes ☐ No

Enrolling Adult 4

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

Adult 4 Relationship to student:	
☐ Parent	☐ Relative
☐ Host Family	☐ Friend
☐ Foster Parent	☐ Other: _____
☐ Step Parent	
Student lives with Adult 4:	
☐ Always	☐ Mostly
☐ Balanced (50%)	☐ Occasionally

Address is the same as Enrolling Adult 3		☐ Yes	☐ No (complete below)
No. & Street Address:			
Suburb:			
State:		Postcode	

Adult 4 Job Title:	
Adult 4 Employer:	

In which country was Adult 4 born?	
☐ Australia	☐ Other (please specify): _____

❖ Does Adult 4 speak a language other than English at home?	
☐ No, English only	
☐ Yes (please specify): _____	
Please indicate any additional languages spoken by Adult 4:	
Is an interpreter required?	☐ Yes ☐ No

❖ What is the highest year of primary or secondary school that Adult 3 has completed?	
☐ Year 12 or equivalent	☐ Year 11 or equivalent
☐ Year 10 or equivalent	☐ Year 9 or equivalent or below / no schooling
❖ What is the level of the highest qualification that Adult 3 has completed?	
☐ Bachelor degree or above	☐ Advanced diploma / Diploma
☐ Certificate I to IV (including trade certificate)	☐ 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.	
- 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'.	

❖ What is the highest year of primary or secondary school that Adult 4 has completed?	
☐ Year 12 or equivalent	☐ Year 11 or equivalent
☐ Year 10 or equivalent	☐ Year 9 or equivalent or below / no schooling
❖ What is the level of the highest qualification that Adult 4 has completed?	
☐ Bachelor degree or above	☐ Advanced diploma / Diploma
☐ Certificate I to IV (including trade certificate)	☐ 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.	
- 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'.	

What is the main language spoken between the student and adult at home?	
Preferred language of communications:	
Is Adult 3 interested in being involved in school group participation activities? (e.g., School Council, excursions)	☐ Yes ☐ No

What is the main language spoken between the student and adult at home?	
Preferred language of communications:	
Is Adult 4 interested in being involved in school group participation activities? (e.g., School Council, excursions)	☐ Yes ☐ No

Can we contact Adult 3 during school hours?	☐ Yes ☐ No
Is Adult 3 usually home during school hours?	☐ Yes ☐ No
Home Phone:	
Work Phone:	
Mobile:	
SMS Notifications:	☐ Yes ☐ No
Email Address:	
Email Notifications:	☐ Yes ☐ No
Adult 3's preferred method of contact: (Email shall be used for communication that cannot be sent via phone)	☐ Mobile ☐ Email ☐ Home Phone ☐ Work Phone
Specify any other special conditions or times related to contact?	

Can we contact Adult 4 during school hours?	☐ Yes ☐ No
Is Adult 4 usually home during school hours?	☐ Yes ☐ No
Home Phone:	
Work Phone:	
Mobile:	
SMS Notifications:	☐ Yes ☐ No
Email Address:	
Email Notifications:	☐ Yes ☐ No
Adult 4's preferred method of contact: (Email shall be used for communication that cannot be sent via phone)	☐ Mobile ☐ Email ☐ Home Phone ☐ Work Phone
Specify any other special conditions or times related to contact?	

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: <i>(select one)</i>	☐ Adult 3	☐ Adult 4	☐ Another person / address* (complete details below)
Name to be used for all billing correspondence:			
No. & Street or PO Box			
Suburb:			
State:		Postcode:	
Billing Email:			

* Note: If you would like to send bills to another person / address, please ensure Additional Parent/Carer details are completed on pages 13-14.

Correspondence Details

Send correspondence addressed to: <i>(select one)</i>	☐ Adult 3	☐ Adult 4	☐ Both Adults	☐ Neither
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ATTACHMENT 3 - TRAVEL ASSISTANCE AND PROGRAMS

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?

☐ Yes

☐ No (*proceed to next question*)

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 pay a fare to travel. Your school can provide the relevant application form.

Is the student applying for the School Bus Program?

☐ Yes (see text below)

☐ No (*proceed to next question*)

Your school can provide the relevant 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 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. 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?

☐ Yes (read below text)

☐ No

Your school can provide the relevant application form and advice on travel suitability. For further information, including the Students with Disabilities Transport Program policy, refer to the Department's PAL here: www.education.vic.gov.au/pal/transport-students-disabilities/policy

First date of travel?

☐ Next school year

☐ Alternate date: (dd-mm-yyyy) ____ / ____ / ____

Type of travel assistance requested?

☐ Access to School Bus

☐ Conveyance Allowance

If applicable, specify the student's mode of assisted mobility.

☐ Wheelchair

☐ Walker

Comments relevant to travel:

OFFICE USE ONLY				
Child's Name sighted:		☐ Yes ☐ No		Enrolment Date:
Year level:	Home Group:	Timetabling Group:	House:	Campus:
Student Email Address:				
Australian residency confirmed:		☐ Yes ☐ No ☐ Not sighted / provided		
Date of birth confirmed:		☐ Yes – Birth certificate	☐ Yes – Doctor certificate	☐ Yes - Other ☐ Not sighted / provided
Does the student have a Disability ID number?		☐ Yes (please specify): _____ ☐ No		
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				
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		
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				
Can the student Individual Education Plan include travel training?		☐ Yes ☐ No		
Is the student attending their nearest school?		☐ Yes ☐ No		
Does the student reside in Designated Transport Area (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:	
Current Court Order or other access document placed on student file?		☐ 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)				



KARINGAL PRIMARY SCHOOL

Phone: 9789 4800

Email: karingal.ps@education.vic.gov.au

Mallum Avenue, Frankston 3199

PO Box 6112, Frankston 3199

PHOTOGRAPHING, FILMING AND RECORDING STUDENTS Annual Consent Form and Collection Notice 2026

During the school year there are many occasions and events where staff may photograph, film or record students participating in school activities and events. We do this for many reasons including to celebrate student participation and achievement, showcase particular learning programs, document a student's learning journey/camps/excursions/sports events etc, communicate with our parents and school community in newsletters, on classroom blogs, schools website and the school's social media.

This notice applies to photographs, video or recordings of students that are collected, used and disclosed by the 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 any photos, video or recordings "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 notice, or you would like to talk about any concerns you have, please contact our school on 9788 4800 and/or email karingal.ps@education.vic.gov.au.

A. Use or disclosure within the school community

Unless you tell us otherwise below, images of your child may be used by our school within the school community, as described below.

Photographs, video or recordings of students may be used within the school community in any of the following ways:

- in the school's communication, learning and teaching tools (for example, emails, classroom blogs or apps that can only be accessed by students, parents/carers or school staff with passwords)
- for display in school classrooms, on noticeboards etc
- to support student's health and wellbeing (e.g. photographs of pencil grip to assist in OT assessments)

B. Use or disclosure in publications/locations that are publicly accessible

Unless you tell us otherwise below, photographs, video or recordings of students may also 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
- in the school magazine

Your child may be identified by first name only in these images (or not named at all).

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

Privacy

Photographs, video and recordings of a person that may be capable of identifying the person may constitute a collection of 'personal information' under Victorian privacy law. This means that any images of your child taken by the school may constitute a collection of your child's personal information. The school is part of the Department of Education and Training (**the Department**). The Department values the privacy of every person and must comply with

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the *Privacy and Data Protection Act 2014* (Vic) when collecting and managing all personal information. For further information see [Schools' Privacy Policy](http://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx) (<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.

Please return this form signed, completed and dated to the office.

PERMISSION

Karingal Primary School understands that parents and carers have the right to withhold permission for our school to use photographs, video or recordings of your child (apart from circumstances where the school is not required to seek consent – see our *Photographing, Filming and Recording Students Policy*).

If you have read this notice and are comfortable with the school using photos, video or recordings of your child as described above, please complete the form below and return it to the School Office. Please note that it may not be possible for the school to amend past publications or to withdraw images that are already in the public domain.

I have read this form and I **consent** to Karingal Primary School using photos, video or recordings of my child (named below) to appear in the following ways:

Please **TICK** the appropriate box/boxes below

- ☐ **Use within the school community** (e.g. in the school's communication, learning and teaching tools, on display around the school)
- ☐ **Use in publications/locations that are publicly accessible** (e.g. on the school's website, on the school's social media accounts, in the schools newsletter, in promotional material for the school)
- ☐ **NO** photos, videos, or recordings to be taken of my child.

Note:

- You may choose to opt out of both or only one type of use.
- It may not be possible for the school to amend past publications or to withdraw images that are already in the public domain.
- Further information is available in the *Karingal Primary School Photographing, Filming and Recording Students Policy*

Name of Student	
Grade	
Name of Parent/Carer	
Signature of Parent/Carer	
Date	_____ / _____ / 2026



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INTERNET CODE OF PRACTICE STUDENT ACCEPTABLE USE AGREEMENT ANNUAL CONSENT FORM 2026

I agree to use the Internet in a responsible manner, however if I find myself in unsuitable locations I will immediately click on HOME or turn the monitor off and inform the teacher.

When using the Internet at Karingal Primary School I will:

- Only work on the internet for purposes specified by my teacher.
- Not give out personal information such as my surname, address, date of birth, telephone number or parent's work address/telephone number.
- Not share my password with anyone except when directed to do so by a teacher.
- Turn off the monitor and inform a teacher if I come across any inappropriate material.
- Never send a person my picture without first checking with my teacher.
- Always have my teacher's permission before sending e-mail.
- Compose e-mail messages using only language that I understand is acceptable in my school.
- Not respond to any messages that are unpleasant or make me feel uncomfortable in any way.
- Not infringe copyright and not use material from other web sites unless I have permission from the person who created the material. If I am unsure, I will check with my teacher.
- Not use the Internet to frighten or annoy another person.
- Not print without the permission of a teacher.
- Use all equipment responsibly and respectfully.
- Follow school guidelines and procedures when preparing materials for publication on the internet.

Internet and Network access is a privilege and places responsibility on the user. I understand that any breaches of this agreement will see me lose my internet and/or network access for a period of time as determined by the school.

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INTERNET CODE OF PRACTICE STUDENT ACCEPTABLE USE AGREEMENT ANNUAL CONSENT FORM 2026

Please return this form signed, completed and dated to the office.

PARENT/CARER/STUDENT SIGNED AGREEMENT

I have read and discussed the Acceptable Use Agreement with my child, and I understand that Internet access is provided to be used for educational purposes, and in accordance with the Student Agreement above. I understand the school will provide adequate supervision and that steps have been taken to minimise risk of exposure to unsuitable material.

Name of Student	
Grade	
Name of Parent	
Parent Signature	
Student Signature	
Date	/ /2026

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LOCAL EXCURSION PERMISSION FORM ANNUAL CONSENT FORM 2026

To support and enrich your child's learning across all areas of the curriculum, students may participate in local excursions conducted outside the school grounds. These excursions are undertaken on foot and are supervised by school staff at all times. Every reasonable precaution is taken to ensure the safety, wellbeing, and welfare of all students.

To enable Karingal Primary School to include your child in local excursions, please complete and sign the permission form below and return it to your child's classroom teacher.

Please note that students are unable to participate in local excursions unless the school has received a signed Local Excursion Permission Form.

This permission form provides consent for your child to participate in local walking excursions for the duration of their enrolment at the school. Permission may be withdrawn at any time by providing written notification to the school.

Please return this form signed, completed and dated to the office.

PERMISSION AND CONSENT TO MEDICAL ATTENTION

Where the teacher in charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge to:

- consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
- administer such first-aid as the teacher in charge may judge to be reasonably necessary.

I have read this form and I give permission for my child to participate in local walking excursions outside the school grounds:

Name of Student:	Grade:
Name of Parent:	Contact Number:
Emergency Contact:	Contact Number:
Parent Signature:	Date: / /2026

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PG RATED MOVIES ANNUAL CONSENT FORM 2026

Throughout the school year, students may have the opportunity to view films and videos as part of classroom learning programs and educational activities. These presentations are generally selected to support curriculum outcomes and enhance student learning experiences.

On occasion, some films shown may carry a PG classification. In accordance with classification guidelines, parent/carer permission is required for students to view PG rated material at school.

If you consent to your child viewing PG rated films when relevant to classroom activities, please complete and return the permission form to the school. This permission will remain valid for the current school year unless withdrawn in writing.

Please return this form signed, completed and dated to the office.

PARENT/CARER SIGNED AGREEMENT

If you have read this notice and are comfortable with your child viewing PG rated movies, please complete the form below and return it to the School Office.

I have read this form and I consent to my child viewing PG rated movies.

Name of Student	
Grade	
Name of Parent	
Parent Signature	
Date	/ /2026

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