

# MALVERN CENTRAL SCHOOL

STUDENT ENROLMENT INFORMATION – 20\_\_

Computer Generated Student ID:

## STUDENT DETAILS

### PERSONAL DETAILS OF STUDENT

Surname:	Title: (Miss Ms Mr)		
First Given Name:			
Second Given Name:			
Preferred Name (if applicable):			
❖ Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth Date:
			Birth Certificate must accompany this enrolment

### PRIMARY FAMILY HOME ADDRESS:

Number & Street:			
Suburb:			
State:		Postcode:	
Telephone Number		Silent Number: (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Number:			

### OFFICE USE ONLY

Child's Name and Birth Date proof sighted (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrolment Date:	
Year Level	Home Group	Timetabling Group	House	Campus	
Student Email Address:					
Immunisation Certificate Status?: (tick)		<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Not sighted	
Is there a Medical Alert for the student? (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Does the student have a Disability ID Number? (tick)		<input type="checkbox"/> No	<input type="checkbox"/> Yes	Disability ID No.:	

## FAMILY DETAILS

List any other family members attending this school:

❖ This question is asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.

## PRIMARY FAMILY DETAILS

NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with".

### ADULT A DETAILS (PRIMARY CARER):

<b>Sex (tick):</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<b>Title:</b> (Ms, Mrs, Mr, Dr etc)		
<b>Legal Surname:</b>		
<b>Legal First Name:</b>		
<b>What is Adult A's occupation?</b>		
<b>Who is Adult A's employer?</b>		
<b>In which country was Adult A born?</b>		
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):		
<b>❖Does Adult A speak a language other than English at home?</b> (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)		
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):		
<b>Please indicate any additional languages spoken by Adult A:</b>		
<b>Is an interpreter required?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>❖What is the highest year of primary or secondary school Adult A has completed?</b> (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)		
<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below		
<b>❖What is the level of the <i>highest</i> qualification the Adult A has completed?</b> (tick one)		
<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification		
<b>❖What is the occupation group of Adult A?</b> Please select the appropriate parental occupation group from the attached list.		
<ul style="list-style-type: none"> <li>If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list.</li> <li>If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.</li> </ul>		

### ADULT B DETAILS:

<b>Sex (tick):</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<b>Title:</b> (Ms, Mrs, Mr, Dr etc)		
<b>Legal Surname:</b>		
<b>Legal First Name:</b>		
<b>What is Adult B's occupation?</b>		
<b>Who is Adult B's employer?</b>		
<b>In which country was Adult B born?</b>		
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):		
<b>❖Does Adult B speak a language other than English at home?</b> (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)		
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):		
<b>Please indicate any additional languages spoken by Adult B:</b>		
<b>Is an interpreter required?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>❖What is the highest year of primary or secondary school Adult B has completed?</b> (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)		
<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below		
<b>❖ What is the level of the <i>highest</i> qualification the Adult B has completed?</b> (tick one)		
<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification		
<b>❖What is the occupation group of Adult B?</b> Please select the appropriate parental occupation group from the attached list.		
<ul style="list-style-type: none"> <li>If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list.</li> <li>If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.</li> </ul>		

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<b>Main language spoken at home:</b>	<b>Preferred language of notices:</b>
<b>Are you interested in being involved in school group participation activities? (eg. School Council, excursions)</b> (tick)	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both <input type="checkbox"/> Neither

## PRIMARY FAMILY CONTACT DETAILS

### ADULT A CONTACT DETAILS:

#### Business Hours:

Can we contact Adult A at work? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Adult A usually home during business hours? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Telephone No:	
Other Work Contact information:	

#### After Hours:

Is Adult A usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone No:	
Other After Hours Contact Information:	
Adult A's preferred method of contact: (tick one)	
<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Facsimile	
Email address:	

### ADULT B CONTACT DETAILS:

#### Business Hours:

Can we contact Adult B at work? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Adult B usually home during business hours? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Telephone No:	
Other Work Contact information:	

#### After Hours:

Is Adult B usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone No:	
Other After Hours Contact Information:	
Adult B's preferred method of contact: (tick one)	
<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Facsimile	
Email address:	

### FAMILY STATEMENTS OF FEES AND VOLUNTARY CHARGES:

Do you wish to have your statements sent by email? If so please supply a preferred email address

Email Address :

### PRIMARY FAMILY MAILING ADDRESS:

Write "As Above" if the same as Family Home Address

Number & Street or PO Box			
Suburb:			
State:		Postcode:	

**PRIMARY FAMILY DOCTOR DETAILS**

<b>Doctor's Name</b>		<b>Individual or Group Practice:</b> (tick) <input type="checkbox"/> Individual <input type="checkbox"/> Group	
<b>No. &amp; Street or PO Box No.:</b>			
<b>Suburb:</b>			
<b>State:</b>		<b>Postcode:</b>	
<b>Telephone Number</b>			
<b>Current Ambulance Subscription:</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Medicare Number:</b>	

**PRIMARY FAMILY EMERGENCY CONTACTS: (OTHER THAN PARENTS)**

	<b>Name</b>	<b>Relationship</b> (Neighbour, Relative, Friend or Other)	<b>Telephone Contact</b>	<b>Language Spoken</b> (If English Write "E")
1				
2				
3				
4				

**PRIMARY FAMILY BILLING ADDRESS:**

Write "As Above" if the same as Family Home Address

<b>No. &amp; Street or PO Box</b>	
<b>Suburb:</b>	
<b>State:</b>	<b>Postcode:</b>

**OTHER PRIMARY FAMILY DETAILS**

<b>Relationship of Adult A to Student:</b> (tick one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive 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
<b>Relationship of Adult B to Student:</b> (tick one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive 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

<b>The student lives with the Primary Family:</b> (tick one)				
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never

<b>Send Correspondence addressed to:</b> (tick one)	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both Adults	<input type="checkbox"/> Neither
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## DEMOGRAPHIC DETAILS OF STUDENT

<b>❖In which country was the student born?</b>				
<input type="checkbox"/> Australia		<input type="checkbox"/> Other (please specify): _____		
<b>Date of arrival in Australia OR Date of return to Australia:</b> (dd-mm-yyyy) _____ / _____ / _____				
<b>What is the Residential Status of the student? (tick)</b>		<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
<b>Basis of Australian Residency:</b>				
<input type="checkbox"/> Eligible for Australian Passport		<input type="checkbox"/> Holds Australian Passport		
<input type="checkbox"/> Holds Permanent Residency Visa				
<b>Visa Sub Class:</b> _____		<b>Visa Expiry Date:</b> (dd-mm-yyyy) _____ / _____ / _____		
<b>Visa Statistical Code:</b> (Required for some sub-classes) _____				
<b>International Student ID :</b> (Not required for exchange students) _____				
<b>❖Does the student speak a language other than English at home? (tick)</b> ( If more than one language is spoken at home, indicate the one that is spoken most often)				
<input type="checkbox"/> No, English only		<input type="checkbox"/> Yes (please specify): _____		
<b>Does the student speak English? (tick)</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>❖Is the student of Aboriginal or Torres Strait Islander origin? (tick one)</b>				
<input type="checkbox"/> No		<input type="checkbox"/> Yes, Aboriginal		
<input type="checkbox"/> Yes, Torres Strait Islander		<input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander		
<b>What is the student's living arrangements? (tick one):</b>				
<input type="checkbox"/> At home with TWO Parents/ Guardians		<input type="checkbox"/> State Arranged Out of Home Care # (See Note)		
<input type="checkbox"/> At home with ONE Parent/ Guardian				

# State Arranged Out of Home Care - Students who have been subject to protective intervention by the Department of Human Services and live in alternative care arrangements away from their parents. These DHS-facilitated care arrangements include living with relatives or friends (kith and kin), living with non-relative families (foster families or adolescent community placements) and living in residential care units with rostered care staff.

<b>Usual mode of transport to school: (tick)</b>				
<input type="checkbox"/> Walking	<input type="checkbox"/> School Bus	<input type="checkbox"/> Train	<input type="checkbox"/> Driven	<input type="checkbox"/> Taxi
<input type="checkbox"/> Bicycle	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Tram	<input type="checkbox"/> Other	

<b>Student's Religion:</b>	_____
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❖ These questions are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.

## SCHOOL DETAILS

Date of first enrolment in an Australian School: ____ / ____ / ____			
Name of previous School/Kindergarten and <b>Phone Number:</b>			
Years of previous education:		What was the language of the student's previous education?	
Does the student have a Victorian Student Number (VSN)?			
<input type="checkbox"/> Yes. <input type="checkbox"/> Yes, but the VSN is unknown <input type="checkbox"/> No. The student has never been issued a VSN. Please specify: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Years of interruption to education:		Is the student repeating a year? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the student be attending this school full time? (tick)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If <b>No</b> , what will be the time fraction that the student will be attending this school? (i.e: 0.8 = 4 days/week)			
Other school Name:		Time fraction:	0. <b>Enrolled:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Other school Name:		Time fraction:	0. <b>Enrolled:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

## CONDITIONAL ENROLMENT DETAILS

In some circumstances a child may be enrolled conditionally, particularly if the required enrolment documentation to determine the shared parental responsibility arrangements for a child is not provided. Please refer to Section 4.1.2.6 of the Victorian Government Schools Reference Guide for more information

(<http://www.education.vic.gov.au/management/governance/referenceguide/default.htm>).

Enrolment conditions
<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>

## OFFICE USE ONLY

Has the documentation been provided and retained on school records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have the conditions been met to complete the enrolment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

<b>Is the student at risk?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Is there an Access Alert for the student?</b> (tick)	<input type="checkbox"/> Yes (If Yes, then complete the following questions and present a current copy of the document to the school.)	<input type="checkbox"/> No (If No, move to the immunisation / medical condition details questions.)
<b>Access Type:</b> (tick)	<input type="checkbox"/> Court Order	<input type="checkbox"/> Family Law Order <input type="checkbox"/> Restraining Order <input type="checkbox"/> Other
<b>Describe any Access Restriction:</b>		
<b>Is there an Activity Alert for the student?</b> (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, then describe the Activity Restriction:		

### OFFICE USE ONLY

Current custody document placed on student file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school; I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to: (cross out any unacceptable statement)

- 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 Principal or staff member may judge to be reasonably necessary.

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

# STUDENT MEDICAL DETAILS

## MEDICAL CONDITION DETAILS:

Does the student suffer from any of the following impairments? (tick)	Hearing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vision	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Speech:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mobility:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student suffer from Asthma? (tick) If No, please go to the Other Medical Conditions section					<input type="checkbox"/> Yes	<input type="checkbox"/> No

## ASTHMA MEDICAL CONDITION DETAILS:

Answer the following questions **ONLY** if the student suffers from any asthma medical conditions.

<b>Please indicate if the student suffers from any of the following symptoms: (tick)</b> <input type="checkbox"/> Cough <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Wheeze <input type="checkbox"/> Exhibits symptoms after exertion <input type="checkbox"/> Tight Chest		<b>If my child displays any of these symptoms please: (tick)</b> Inform Doctor <input type="checkbox"/> Yes <input type="checkbox"/> No Inform Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No Administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No Other Medical Action <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:	
Has an Asthma Management Plan been provided to School?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student take medication? (tick) <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? (tick)		<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: (tick) <input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other			
Medication is stored: (tick) <input type="checkbox"/> with Student <input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere			
Dosage time	Reminder required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	Poison Rating	

## OTHER MEDICAL CONDITIONS

(More copies of the other medical condition forms are available on request from the school.)

Does the student have any other medical condition? (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:			
Symptoms:			
If my child displays any of the symptoms above please: (tick)			
Inform Doctor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Inform Emergency Contact
Administer Medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other Medical Action
			If yes, please specify:
Does the student take medication? (tick) <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? (tick)		<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: (tick) <input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other			
Medication is stored: (tick) <input type="checkbox"/> with Student <input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere			
Dosage time	Reminder required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	Poison Rating	



## STUDENT DOCTOR DETAILS

The following details should **only** be provided if **this** student has a Doctor and/or Medicare number different to the Primary Family.

Doctor's Name:	
Individual or Group Practice: (tick)	<input type="checkbox"/> Individual <input type="checkbox"/> Group
No. & Street or PO Box No.:	
Suburb:	
State:	Postcode:
Telephone Number	
Student Medicare Number:	

## STUDENT EMERGENCY CONTACTS

This section should **ONLY** be filled out if **THIS** student has emergency contacts other than the Prime Family Emergency Contacts.

	Name	Relationship (Neighbour, Relative, Friend or Other)	Language Spoken (If English Write "E")	Telephone Contact
1				
2				

## PRE-SCHOOL INFORMATION

Please indicate below and provide relevant reports if your child has received services by:

- ☐ Occupational Therapy
- ☐ Speech Therapy
- ☐ Psychology

**Please present immunisation records with this enrolment**

Thank you for taking the time to complete this Student Enrolment form. We understand that the information you have provided is confidential and will be treated as such, but the details are required to enable staff to properly enrol your child at our school.

I certify that the information contained within this form is correct.

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

# PERMISSION FORMS

The following are standard permission forms, which will be used for the entire duration of your child's schooling at Malvern Central School. At the beginning of each year we will also send you copies of enrolment information should you need to inform us of any changes.

**Student/s Name:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## INTER-CAMPUS TRAVEL PERMISSION

I hereby give permission for my child, whose name appears above, to travel by foot between campuses for the duration of their schooling at Malvern Central School. The purpose of the travel will be to undertake activities at either campuses such as Specialists classes, whole school morning teas, whole school assemblies and buddy programs. Department policy and the school Duty of Care Policy states that primary school students must be supervised at all times when they leave the school grounds to protect them from reasonably foreseeable risks or injury including hazards that are known and could have been foreseen and prevented.

The level and type of supervision that may be required will depend on the individual circumstances and may include considerations such as the age of the students, disabilities of students and/or medical conditions or special needs of students, and the number of students moving between campuses.

I agree that, in the event of an accident or illness during any such travel, if I cannot be contacted, the teacher in charge has permission to obtain such medical assistance as considered necessary for my child. I will accept responsibility for any cost involved.

I understand and agree that if I wish to withdraw this authorisation, it will be my responsibility to inform the school on (03) 8823 9500

**Signature of Parent/Carer** \_\_\_\_\_ **Dated** \_\_\_\_/\_\_\_\_/\_\_\_\_

## SCHOOL PHOTOGRAPHY PERMISSION

I hereby give permission for my child, whose name appears above, to participate in any appropriate school media activities for the duration of their schooling at Malvern Central School.

This permission includes the right to be photographed in a school activity and to be published (with first name only) in the school newsletter, on the school website, in the press or television or school Social Media sites.

I understand and agree that if I wish to withdraw this authorisation, it will be my responsibility to inform the school on (03) 8823 9500

**Signature of Parent/Carer** \_\_\_\_\_ **Dated** \_\_\_\_/\_\_\_\_/\_\_\_\_

## SCHOOL ACCEPTABLE USE OF DIGITAL RESOURCES AGREEMENT

The Department of Education and Training provides access to your child/ren to use computers and ipads for educational purposes and to support the Digital Technology and Design components of the Victorian Curriculum. Your child must only use these facilities under teacher supervision and adhering to the strict guidelines of the Acceptable Use of Digital Resources Policy and Agreement.

☐ **I have read and signed the Acceptable Use of Digital Resources Agreement**

# PARENTAL OCCUPATION GROUP CODES

The codes outlined below are to be used when providing family occupation details for enrolled students. 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, proof reader, 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 Tradesmen/women, clerks and skilled office, sales and service staff**

**Tradesmen/women** generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group

**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 / child care 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)

# Enrolment Requirements Checklist

Please see the checklist below for the required documentation to be presented at the school office for enrolment.

- ☐ Immunisation Certificate
- ☐ Birth Certificate
- ☐ Other Documentation eg Court Orders
- ☐ Signed copy of Acceptable Use of Digital Technology Agreement
- ☐ Signed copy of Permission Forms
- ☐ Visa
- ☐ Therapist Reports (If required)

## Enrolment Confirmation

Once all documentation is processed by the office, you will receive notification of your enrolment via your postal address.



## **PRIMARY SCHOOL PRIVACY NOTICE**

### **Information about the Enrolment Form.**

#### **Please Read This Notice Before Completing The Enrolment Form.**

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

Health information is collected so that staff at Malvern Central School can properly care for your child. This includes information about any medical condition or disability your child may have medication your child may rely on while at school, any known allergies and contact details of your child's doctor. Malvern Central School depends on you to provide all relevant health information because withholding some health information may put your child's health at risk.

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

#### **EMERGENCY CONTACTS**

These are people that Malvern Central School may need to contact in an emergency. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to Malvern Central School.

#### **STUDENT BACKGROUND INFORMATION**

This includes information about a person's country of birth, aboriginality, language spoken at home and parent occupation. This information is collected so that Malvern Central School receives appropriate resource allocations for their students. It is also used by the Department to plan for future educational needs in Victoria. Some information is sent to Commonwealth government agencies for monitoring, planning and resource allocation. All of this information is kept strictly confidential and the Department will not otherwise disclose the information to others without your consent or as required by law.

#### **IMMUNISATION STATUS**

This assists Malvern Central School in managing health risks for children. This information may also be passed to the Department of Human Services to assess immunisation rates in Victoria. Information sent to the Department of Human Services is aggregate data so no individual is identified.

#### **VISA STATUS**

This information is required to enable Malvern Central School to process your child's enrolment.

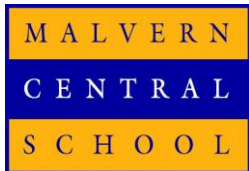
#### **UPDATING YOUR CHILD'S RECORDS**

Please let Malvern Central School know if any information needs to be changed by sending updated information to the school office. Please contact the office on 03 8823 9500 to update any information. During your child's time with Malvern Central School at the beginning of each year, we will also send you copies of enrolment information held by us. Please use this opportunity to let us know of any changes.

#### **ACCESS TO YOUR CHILD'S RECORD HELD BY SCHOOL**

In most circumstances, you can access your child's records. Please contact the Principal on 03 8823 9500 to arrange this. Sometimes access to certain information, such as information provided by someone else, may require a Freedom of Information request. We will advise you if this is required and tell you how you can do this.

If you have any concerns about the confidentiality of this information please contact the Principal. Malvern Central School can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form.



# MALVERN CENTRAL SCHOOL

## ACCEPTABLE USE OF DIGITAL RESOURCES AGREEMENT

Cybersafety is an important issue for young children. By the time young children arrive at school many are already online or using digital technologies. They visit their favourite websites, play games and use social media or apps.

### PART A: RATIONALE

Malvern Central School recognises the need for students to be safe and responsible users of digital technologies. We believe that explicitly teaching students about safe and responsible online behaviours is essential and is best taught in partnership with parents/carers. **We strongly encourage parents/carers to work with us and reinforce this behaviour at home** (*the behaviour outlined in Part B: Safe and responsible behaviour*).

Malvern Central School's approach to prevention is based on teaching positive behaviours and the use of logical consequences to address inappropriate behaviour.

The foundation of our positive school culture is the active participation of all members of the school community so they feel valued, safe and secure; are provided with meaningful opportunities to contribute to the school; and have every opportunity to meet their personal and educational potential.

### AT MALVERN CENTRAL SCHOOL WE:

- support the rights of all members of the school community to engage in and promote a safe, inclusive and supportive learning environment
- have a Student Engagement Policy that clearly states our school's values and the expected standards of student behaviour, including actions and consequences for inappropriate behaviour
- educate our students to be safe and responsible users of digital technologies
- raise our students' awareness of issues such as online privacy, intellectual property and copyright
- supervise students when using digital technologies for educational purposes
- provide a filtered Internet service but acknowledge that full protection from inappropriate content can never be guaranteed
- respond to issues or incidents that have the potential to impact on the wellbeing of our students
- know that some online activities are illegal and as such we are required to report this to the police.
- support parents/guardians to understand the importance of safe and responsible use of digital technologies, the potential issues that surround their use and strategies that they can implement at home to support their child
- provide parents/guardians with a copy of this agreement.

### PART B: SAFE AND RESPONSIBLE BEHAVIOUR (STUDENT COMMITMENT)

**When I use digital technologies I agree to be a safe, responsible and an ethical user at all times by:**

#### 1. Communicating respectfully:

This means:

- using the school's digital technologies only for the intended educational purposes as specified by my teacher
- respecting others and communicating with them in a supportive manner; never writing or participating in online bullying (for example, forwarding messages and supporting others in harmful, inappropriate or hurtful online behaviours)
- abiding by copyright and intellectual property regulations. If necessary, I will request permission before using images, text, audio and video and cite references

- not copying someone else's work or ideas from the Internet and presenting them as my own (I will include the link).

## 2. Protecting personal information:

This means:

- protecting my privacy; not giving out personal details, including my full name, telephone number, address, passwords and images
- protecting the privacy of others; never posting or forwarding their personal details or images without their consent
- carefully considering the content that I upload or post online; this is often viewed as a personal reflection of who I am
- investigating the terms and conditions of use (e.g. age restrictions, parental consent requirements). If my understanding is unclear I will seek further explanation from a trusted adult
- protecting my password and not sharing it with others

## 3. Looking after myself and others by thinking about what I share online.

This means:

- talking to a teacher if I personally feel uncomfortable or unsafe online, or if I see others participating in unsafe, inappropriate or hurtful online behaviours
- confirming that I meet the stated terms and conditions; completing the required registration processes with factual responses about my personal details
- handling all digital devices with care and notifying a teacher if they are damaged or require attention
- not interfering with network systems and security, the data of another user or attempting to log into the network with a user name or password of another user (student or staff member)
- not bringing to school or downloading unauthorised programs, including games.
- speaking to a trusted adult if someone is unkind, inappropriate or hurtful to me online
- using spaces or sites that are right for my age and not deliberately searching for something rude or violent

## I agree that:

- if I don't follow these expectations I will be temporarily banned from using digital technologies
- if I intentionally cause damage to something, I or my parents will have to pay for repairing or replacing the device
- the matter may also be referred to external authorities depending on the severity of the breach.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PART D: PARENT COMMITMENT

I, \_\_\_\_\_, as parent/carer of : \_\_\_\_\_

- will encourage my child to use digital technologies safely, responsibly and ethically at school and at home, as outlined in this Agreement
- agree that in the event of my child causing deliberate damage to school devices, I agree to reimburse the school for repairs or replacement of such devices.

**Parent/Carer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_