



NEWHAM PRIMARY SCHOOL

STUDENT ENROLMENT INFORMATION – 20__

Computer Generated Student ID: _____

STUDENT DETAILS- PLEASE PROVIDE A COPY OF YOUR CHILD'S PROOF OF BIRTH & IMMUNISATION HISTORY

PERSONAL DETAILS OF STUDENT

Surname:	Title: (Miss Ms, Mrs, Mx, Mr)		
First Given Name:			
Second Given Name:			
Preferred Name (if applicable):			
❖ Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____ (fill in blank)		
Student Mobile Number:		Birth Date: (dd-mm-yyyy)	____/____/____

PRIMARY FAMILY HOME ADDRESS:

No. & Street: or PO Box details			
Suburb:			
State:		Postcode:	
Telephone Number:		Silent Number: (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Number:		Fax 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 received?: (tick)		<input type="checkbox"/> Complete		<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.:			
Has a Transition Statement been provided (either by the Early Childhood Educator or parents)? (tick) For prep student only		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Pending			

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". Additional and Alternative family forms are available from the school if this is required. These additional forms are designed to cater for varying family circumstances.

ADULT A DETAILS (PRIMARY CARER):

Gender (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/>	<small>in blank</small>
Title: (Ms, Mrs, Mr, Mx, Dr etc)				
Legal Surname:				
Legal First Name:				
What is Adult A's occupation?				
Who is Adult A's employer?				
In which country was Adult A born?				
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):				
❖ Does Adult A speak a language other than English at home? (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):				
Please indicate any additional languages spoken by Adult A:				
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No				
❖ What is the highest year of primary or secondary school Adult A has completed? (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				
❖ What is the level of the <i>highest</i> qualification the Adult A has completed? (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				
❖ What is the occupation group of Adult A? Please select the appropriate parental occupation group from the attached list.				
<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 occupation group list. If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. 				

ADULT B DETAILS:

Gender (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/>	<small>in blank</small>
Title: (Ms, Mrs, Mr, Mx, Dr etc)				
Legal Surname:				
Legal First Name:				
What is Adult B's occupation?				
Who is Adult B's employer?				
In which country was Adult B born?				
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):				
❖ Does Adult B speak a language other than English at home? (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):				
Please indicate any additional languages spoken by Adult B:				
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No				
❖ What is the highest year of primary or secondary school Adult B has completed? (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				
❖ What is the level of the <i>highest</i> qualification the Adult B has completed? (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				
❖ What is the occupation group of Adult B? Please select the appropriate parental occupation group from the attached list.				
<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 occupation group list. If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. 				

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Main language spoken at home:	Preferred language of notices:
Are you interested in being involved in school group participation activities? (eg. School Council, excursions) (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:	
Mobile No:	
SMS Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adult A's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)	
<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Facsimile	
Email address:	
Email Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fax Number:	

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:	
Mobile No:	
SMS Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adult B's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)	
<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Facsimile	
Email address:	
Email Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fax Number:	

PRIMARY FAMILY MAILING ADDRESS:

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

No. & Street or PO Box		
Suburb:		
State:		Postcode:

PRIMARY FAMILY DOCTOR DETAILS:

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		Fax Number	
Current Ambulance Subscription: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		Medicare Number:	

PRIMARY FAMILY EMERGENCY CONTACTS:

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

PRIMARY FAMILY BILLING ADDRESS:

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

No. & Street or PO Box			
Suburb:			
State:		Postcode:	
Billing Email	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B	<input type="checkbox"/> Other (Please Specify)	

OTHER PRIMARY FAMILY DETAILS

Relationship of Adult A to Student: (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
Relationship of Adult B to Student: (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

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

Send Correspondence addressed to: (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

❖ In which country was the student born?				
<input type="checkbox"/> Australia		<input type="checkbox"/> Other (please specify): _____		
Date of arrival in Australia OR Date of return to Australia: (dd-mm-yyyy) _____ / _____ / _____				
What is the Residential Status of the student? (tick)		<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
Basis of Australian Residency:				
<input type="checkbox"/> Eligible for Australian Passport		<input type="checkbox"/> Holds Australian Passport		
<input type="checkbox"/> Holds Permanent Residency Visa				
Visa Sub Class: _____		Visa Expiry Date: (dd-mm-yyyy) _____ / _____ / _____		
Visa Statistical Code: (Required for some sub-classes) _____				
International Student ID : (Not required for exchange students) _____				
❖ Does the student speak a language other than English at home? (tick) (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): _____		
Does the student speak English? (tick)				<input type="checkbox"/> Yes <input type="checkbox"/> No
❖ Is the student of Aboriginal or Torres Strait Islander origin? (tick one)				
<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)? (tick one)				
<input type="checkbox"/> No		<input type="checkbox"/> Yes		
What is the student's living arrangements? (tick one):				
<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		<input type="checkbox"/> Homeless Youth		
<input type="checkbox"/> Independent				

State Arranged Out of Home Care - Students who have been subject to protective intervention by the Department of Health and Human Services and live in alternative care arrangements away from their parents. These DHHS-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.

Note: Special Schools – please go to section “Travel Details for Special Schools” to enter transport details.

Beginning of journey to school:		Map Type			Melway / VicRoads / Country Fire Authority / Other	
Map Number		X Reference		Y Reference		
Usual mode of transport to school: (tick)						
<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"/> Self Driven	<input type="checkbox"/> Other		
If student drives themselves to school:		Car Reg. No.	_____	Distance to School in kilometres:		_____

❖ 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: _____	
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. 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"/> <input type="checkbox"/> Yes, but the VSN is unknown <input type="checkbox"/> No. The student has never been issued a VSN.	
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 No , 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. _____ Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other school Name: _____	Time fraction: 0. _____ Enrolled: <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 the School Policy & Advisory Library for more information <https://www2.education.vic.gov.au/pal/enrolment/policy>

Enrolment conditions
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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

Is the student at risk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there an Access Alert for the student? (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.)
Access Type: (tick)	<input type="checkbox"/> Parenting Order <input type="checkbox"/> Informal Carer Stat Dec	<input type="checkbox"/> Parenting Plan <input type="checkbox"/> DHHS Authorisation <input type="checkbox"/> Intervention Order <input type="checkbox"/> Witness Protection Program Order <input type="checkbox"/> Protection Order <input type="checkbox"/> Other
Describe any Access Restriction:		
Is there an Activity Alert for the student? (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		

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.

Please indicate if the student suffers from any of the following symptoms: (tick)		If my child displays any of these symptoms please: (tick)	
<input type="checkbox"/> Cough		Inform Doctor	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Difficulty Breathing		Inform Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Wheeze		Administer Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Exhibits symptoms after exertion		Other Medical Action	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Tight Chest		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	<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:	
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		Fax 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				

TRAVEL DETAILS FOR SPECIAL SCHOOLS

How will the student travel to school? (tick)			
<input type="checkbox"/> Walk	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Train	<input type="checkbox"/> Tram
<input type="checkbox"/> School Bus	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Public Taxi	<input type="checkbox"/> Driven by parent/carer
First date of travel? (tick)	<input type="checkbox"/> Next school year	Alternate date: (dd-mm-yyyy) ____ / ____ / ____	
Is the student applying to travel on a school bus or for other travel assistance? (tick)			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Type of travel assistance requested? (completion of additional form required)			
<input type="checkbox"/> Access to School Bus		<input type="checkbox"/> Conveyance Allowance	
If by School Bus, please advise local bus stop if known:			
Landmark:	Map Type:	X ____	Y ____
Assisted Mobility (if applicable):			
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 Learning Plan (ILP) include travel training?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the student attending their nearest school?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student reside in Designated Transport Area (DTA) (if attending special school)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can the student be accommodated on existing route (if applicable)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pick-up Point:	Map Ref:	Time AM:	
Set Down Point:	Map Ref:	Time PM:	
NOTE: Students residing in Rural/Regional Victoria or attending special schools may be entitled to receive transport assistance. The Department may give access to a school bus service or pay a conveyance allowance to assist with the cost of travel. Information on eligibility and the application process can be obtained from the school.			

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: ____ / ____ / ____

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)

MEDIA POLICY

Rationale:

- The media provides unrivalled opportunities to promote school achievements and activities, but must be used in a manner that enhances our school image and does not infringe Departmental requirements.

Aims:

- To use the services of the media (television, social, newspapers and radio) to enhance and promote community perceptions of our school, our staff and our students.

Implementation:

- Our school recognises the advantages of promoting its achievements and activities via wider professional media services.
- Our School Promotions Committee will coordinate any and all media activities.
- In doing so, the committee will seek the approval of the principal before any contact is made with the media.
- A School Council budget will be allocated for school promotion and advertising.
- Department of Education employees are free to make public comment on issues relating to education, but in doing so, we are wary not to make comments that can be construed as negative criticism of our school, our community, School Council, staff, the Department of Education or community members.
- As a matter of professional courtesy, and in relation to issues of duty of care and legal liability, all staff are required to liaise with the principal or supervising officer prior to making any formal statement that bears on the organisation or program of the school or place of work.
- Formal media statements on behalf of the school are to be made by the principal or School Council president.
- Similarly, any approaches by the media to the school or its employees for comment or information must be immediately redirected to the principal.
- Members of the media are aware that they are not to enter the school grounds without the principal's consent, but they are entitled to film the school and/or seek comments from parents from outside the school boundary.
- The principal may refer inquiries to the Department of Education's Media Relations Branch, particularly if they appear to be of a potentially sensitive or controversial nature.
- Prior to any student's image, name or work appearing in the school newsletter or the wider media, written consent must be provided by parents.
- The following Media Consent form must be used to obtain such consent.

Evaluation:

- This policy will be reviewed as part of the school's three-year review cycle.

This policy was last ratified by school council: March 2018

Next policy review: March 2021

MEDIA CONSENT FORM

Throughout the year, our school seeks photos of the students, their names, and/or samples of their work to use in school publications, to publish in local newspapers, to appear on television, to be mentioned on radio and to appear on our school website. School publications can include the school newsletter, school brochure, Kitchen Garden end of year cookbook, class newsletters. In some circumstances photos may also be published on social media sites eg. Stephanie Alexander Shared Table website or Facebook page, Macedon Ranges Shire Events.

By giving consent this will cover the period of your child's schooling at Newham Primary School unless otherwise advised.

Please tick below to indicate whether or not you consent to the following:

☐ **I consent** to my child's photo, first name and/or work samples being published in school publications, school website, local newspapers, Macedon Ranges Shire events publicity and social media sites.

☐ **I do not consent** to my child's photo, first name and/or work samples being published in school publications, school website, local newspapers, Macedon Ranges Shire events publicity and social media sites.

STUDENT'S NAME/S:

STUDENT'S CLASS/ES:

PARENT/CARER'S NAME:

PARENT/CARER'S SIGNATURE:

DATE:

CONSENT FORM TO CONDUCT HEAD LICE INSPECTIONS

Permission to cover the duration of the student's education at Newham Primary School

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

The management of head lice infestation works best when all children are involved in our screening program.

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

The inspection of students will be conducted by a trained team of parents approved by the principal and school council.

Before any inspections are conducted the person conducting the inspections will explain to all students what is being done and why and it will be emphasised to students 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 physically search through each student's hair to see if any lice or eggs are present.

In cases where head lice are found, the person inspecting the student will inform the student's teacher and the principal. The school will make appropriate contact with the parents/guardian/carers. Please note that the law 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.

Parent's/Guardian's/Carer's Full Name:

Parent's/Guardian's/Carer's Full Name:

Address: Postcode:

Name(s) of Child/Children attending the school:

I hereby give my consent for the above-named children to participate in the school's head lice inspection program for the duration of their schooling at this school.

Please circle your response, fill in the form and send it back to school **YES** **NO**

Signature of Parent/Guardian **Date:**

Signature of Parent/Guardian **Date:**

Please inform the school if guardianship/custody changes for your child, as this form will need to be re-signed to reflect these changes. Please also inform the school in writing if you no longer wish to provide consent for the school to undertake head lice inspections for your child.

PERMISSION FOR STUDENTS TO ATTEND LOCAL COMMUNITY EVENTS WITHIN WALKING DISTANCE OF THE SCHOOL

Students of Newham Primary School may from time to time be required to attend local community events within walking distance of the school. A more detailed letter will be sent home regarding such events as they occur. In the meantime, we are seeking your permission for your child/ren to participate in such events. This permission will be applicable for the duration of their education at Newham Primary School.

Please fill in the consent form below and return.

Parent Permission

I consent to my child taking part in local community events within walking distance of the school. When 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 medical practitioner,
- Administer first aid as the teacher in charge may deem to be reasonably necessary.

Name/s of children
.....

Signature of Parent/Guardian _____ Date _____
Name of Parent/Guardian _____ Date _____

The Department of Education requires this consent to be signed for all students attending school outings.