STUDENT ENROLMENT FORM

Please return completed form together with your child’s Birth Certificate and Medicare Immunisation Statement

Ballan Primary School
Duncan Street
Ballan
Victoria 3342

Principal: Ms Julie Ferguson

Telephone: 03 53681072

Fax: 53681895
email: ballan.ps@edumail.vic.gov.au
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 Ballan Primary School can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Ballan Primary School and the Department of Education & Training are required by law to protect the information provided by this enrolment form.

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

Ballan Primary 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 Ballan Primary School. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Principal, Ballan Primary School, if you would like to discuss, in strict confidence, any matters relating to family arrangements.

**EMERGENCY CONTACTS**

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

**Religious Affiliation**

If you want your child to receive religious instruction while at Ballan Primary School please complete this section. The Department of Education & Training needs to know what type of religious instruction is sought so the Department can, where possible, provide appropriate religious instruction at Ballan Primary School.

**IMMUNISATION STATUS**

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

**VISA STATUS**

This information is required to enable Ballan Primary School to process your child’s enrolment.

**UPDATING YOUR CHILD’S RECORDS**

Please let Ballan Primary School know if any information needs to be changed by sending updated information to the school office. During your child’s time with Ballan Primary School 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 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. The Ballan Primary School can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form. This form is available on request.
**STUDENT ENROLMENT INFORMATION**

**STUDENT DETAILS**

<table>
<thead>
<tr>
<th>Surname:</th>
<th>Title: (Miss Ms Mr)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Given Name:</td>
<td></td>
</tr>
<tr>
<td>Second Given Name:</td>
<td></td>
</tr>
<tr>
<td>Preferred Name (if applicable):</td>
<td>Birth Date: (dd-mm-yyyy)</td>
</tr>
<tr>
<td>Sex (tick):</td>
<td>Male</td>
</tr>
</tbody>
</table>

**CURRENT YEAR LEVEL**

Previous School or Kindergarten: | Current Year Level |

**PRIMARY FAMILY HOME ADDRESS:**

<table>
<thead>
<tr>
<th>No. &amp; Street</th>
<th>Suburb</th>
<th>State</th>
<th>Postcode</th>
</tr>
</thead>
</table>

Postal Address - (if different to above:)

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>Silent Number:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobile Number:</td>
<td>Fax Number:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List any other family members attending this school:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Year Level:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Year Level:</td>
</tr>
<tr>
<td>Name:</td>
<td>Year Level:</td>
</tr>
</tbody>
</table>

**OFFICE USE ONLY:**

<table>
<thead>
<tr>
<th>Enrolment Date:</th>
<th>Birth Date proof sighted (tick): Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year Level:</td>
<td>Home Group</td>
<td>House</td>
</tr>
</tbody>
</table>

Immunisation Certificate Status?: (tick) | Complete | Not sighted |

Is there a Medical Alert for the student?: (tick) | Yes | No |

Does the student have a Disability ID Number?: (tick) | No | Yes | Disability ID No.: |

Previous School Notified: | Date: / / |
|-------------------------|---------|
Primary Family Details

NOTE: The 'PRIMARY' Family is: 'the family or parent the student mostly lives with'. As the school Start Bonus will be sent to the 'Primary Carer' of Prep and Year 7 students, it is imperative that the legal surname, legal first name and legal second name re recorded.

**ADULT A DETAILS (PRIMARY CARER):**

<table>
<thead>
<tr>
<th><strong>Sex</strong> (tick):</th>
<th>□ Male</th>
<th>□ Female</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title:</strong> (Ms, Mrs, Mr, Dr etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Surname:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>First Name:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>In which country was Adult A born?</strong>&lt;br&gt;☐ Australia  ☐ Other (please specify):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☠ 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) &lt;br&gt;☐ No, English only  ☐ Yes (please specify):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please indicate any additional languages spoken by Adult A:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Is an interpreter required? (tick)</td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td>☠ 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'.) &lt;br&gt;☐ Year 12 or equivalent  ☐ Year 11 or equivalent  ☐ Year 10 or equivalent  ☐ Year 9 or equivalent or below</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☠ What is the level of the highest qualification the Adult A has completed? (tick one) &lt;br&gt;☐ Bachelor degree or above  ☐ Advanced diploma / Diploma  ☐ Certificate I to IV (including trade certificate)  ☐ No non-school qualification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☠ What is the occupation group of Adult A?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☠ Who is Adult A's employer?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- 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 record their last occupation.

**ADULT B DETAILS:**

<table>
<thead>
<tr>
<th><strong>Sex</strong> (tick):</th>
<th>□ Male</th>
<th>□ Female</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title:</strong> (Ms, Mrs, Mr, Dr etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Surname:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>First Name:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>In which country was Adult B born?</strong>&lt;br&gt;☐ Australia  ☐ Other (please specify):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☠ 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) &lt;br&gt;☐ No, English only  ☐ Yes (please specify):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please indicate any additional languages spoken by Adult B:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Is an interpreter required? (tick)</td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td>☠ 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'.) &lt;br&gt;☐ Year 12 or equivalent  ☐ Year 11 or equivalent  ☐ Year 10 or equivalent  ☐ Year 9 or equivalent or below</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☠ What is the level of the highest qualification the Adult B has completed? (tick one) &lt;br&gt;☐ Bachelor degree or above  ☐ Advanced diploma / Diploma  ☐ Certificate I to IV (including trade certificate)  ☐ No non-school qualification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☠ What is the occupation group of Adult B?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☠ Who is Adult B's employer?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- 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 record their last occupation.

These questions are asked as a requirement of the Commonwealth Government. It is important that these questions are answered accurately as a large part of school funding is based on parental occupations. All schools across Australia are required to collect the same information.

<table>
<thead>
<tr>
<th><strong>Main language spoken at home:</strong></th>
<th><strong>Preferred language of notices:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group Participation (eg. School Council, excursions)</strong> (tick)</td>
<td>□ Adult A  □ Adult B  □ Both  □ Neither</td>
</tr>
</tbody>
</table>
# Primary Family Contact Details

## ADULT A CONTACT DETAILS:

### Business Hours:

- **Can we contact Adult A at work?**
  - [ ] Yes
  - [ ] No

- **Is Adult A usually home during business hours?**
  - [ ] Yes
  - [ ] No

### Work Telephone No:

### Other Work Contact information:

### After Hours:

- **Is Adult A usually home AFTER business hours?**
  - [ ] Yes
  - [ ] No

### Home Telephone No:

### Other After Hours Contact Information:

- **Adult A’s preferred method of contact:**
  - [ ] Mail
  - [ ] Email
  - [ ] Facsimile

- **Email address:**

- **Fax Number:**

## ADULT B CONTACT DETAILS:

### Business Hours:

- **Can we contact Adult B at work?**
  - [ ] Yes
  - [ ] No

- **Is Adult B usually home during business hours?**
  - [ ] Yes
  - [ ] No

### Work Telephone No:

### Other Work Contact information:

### After Hours:

- **Is Adult B usually home AFTER business hours?**
  - [ ] Yes
  - [ ] No

### Home Telephone No:

### Other After Hours Contact Information:

- **Adult B’s preferred method of contact:**
  - [ ] Mail
  - [ ] Email
  - [ ] Facsimile

- **Email address:**

- **Fax Number:**

## Primary Family Doctor Details:

### Doctor’s Name

### Individual or Group Practice:

- [ ] Individual
  - [ ] Group

### No. & Street or Box No.:

### Suburb:

### State:

### Postcode:

### Telephone Number

### Fax Number

### Current Ambulance Subscription:

- [ ] Yes
  - [ ] No

### Medicare Number:
### Primary Family Emergency Contacts:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship (Neighbour, Relative, Friend or Other)</th>
<th>Telephone Contact</th>
<th>Language Spoken (If English Write “E”)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Primary Family Billing Address:

Write “Same” if the same as Family Home Address

<table>
<thead>
<tr>
<th>No. &amp; Street</th>
<th>Suburb:</th>
<th>State:</th>
<th>Postcode:</th>
</tr>
</thead>
</table>

### Other Primary Family Details

- **Relationship of Adult A to Student:**
  - [ ] Parent
  - [ ] Step-Parent
  - [ ] Adoptive Parent
  - [ ] Foster Parent
  - [ ] Host Family
  - [ ] Relative
  - [ ] Friend
  - [ ] Self
  - [ ] Other

- **Relationship of Adult B to Student:**
  - [ ] Parent
  - [ ] Step-Parent
  - [ ] Adoptive Parent
  - [ ] Foster Parent
  - [ ] Host Family
  - [ ] Relative
  - [ ] Friend
  - [ ] Self
  - [ ] Other

- **The student lives with the Primary Family:**
  - [ ] Always
  - [ ] Mostly
  - [ ] Balanced
  - [ ] Occasionally
  - [ ] Never

- **Send Correspondence addressed to:**
  - [ ] Adult A
  - [ ] Adult B
  - [ ] Both Adults
  - [ ] Neither
Demographic Details of Student

In which country was the student born?
- [ ] Australia
- [ ] 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)
- [ ] Permanent
- [ ] Temporary

Basis of Australian Residency:
- [ ] Eligible for Australian Passport
- [ ] Holds Australian Passport
- [ ] Holds Permanent Residency Visa

Visa Sub Class: __________________________ Visa Expiry Date: (dd-mm-yyyy) ____ / ____ / _____

International Student ID (Not required for exchange students)

Does the student speak a language other than English at home? (tick)
- [ ] No, English only
- [ ] Yes (please specify):

Does the student speak English? (tick)
- [ ] Yes
- [ ] No

Is the student of Aboriginal or Torres Strait Islander origin? (tick one)
- [ ] No
- [ ] Yes, Aboriginal
- [ ] Yes, Torres Strait Islander
- [ ] Yes, Both Aboriginal & Torres Strait Islander

What is the student’s living arrangements? (tick one):
- [ ] At home with TWO Parents/ Guardians
- [ ] State Arranged Out of Home Care # (See Note)
- [ ] At home with ONE Parent/ Guardian
- [ ] Homeless Youth
- [ ] Independent

# 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.

Beginning of journey to school: Map Type

<table>
<thead>
<tr>
<th>Map Type</th>
<th>Melway / VicRoads / Country Fire Authority / Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Map Number</td>
<td>X Reference</td>
</tr>
<tr>
<td></td>
<td>Y Reference</td>
</tr>
</tbody>
</table>

Usual mode of transport to school: (tick)
- [ ] Walking
- [ ] School Bus
- [ ] Train
- [ ] Driven
- [ ] Taxi
- [ ] Bicycle
- [ ] Public Bus
- [ ] Tram
- [ ] Self Driven
- [ ] Other

If student drives themself to school: Car Reg. No. _______ Distance to School in kilometres: _______

Student’s Religion:

Will the student participate in Religious Instruction classes? (tick)
- [ ] Yes
- [ ] No

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)? | |
| ☐ Yes. | ☐ Yes, but the VSN is unknown | ☐ No. The student has never been issued a VSN. |
| Please specify: | |
| Years of interruption to education: | Is the student repeating a year? |
| ☐ Yes | ☐ No |
| ☐ Yes | ☐ No |
| Will the student be attending this school full time? (tick) | |
| ☐ Yes | ☐ 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: |
| ☐ Yes | ☐ No |
| ☐ Yes | ☐ 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

- 
- 

Student Restrictions Details

ACCESS RESTRICTIONS

| Is the student at risk? | ☐ Yes | ☐ No |
| Is there an Access Alert for the student? (tick) | ☐ Yes (If Yes, then complete the following questions and present current copy of the document to the school.) | ☐ No (If No, move to the immunisation / medical condition details questions.) |
| Access Type: (tick) | ☐ Court Order | ☐ Family Law Order | ☐ Restraining Order | ☐ Other |
| Describe any Access Restriction: | |

| Is there an Activity Alert for the student? (tick) | ☐ Yes | ☐ No |
| If Yes, then describe the Activity Restriction: | |
# Student Medical Details

## Medical Condition Details:

<table>
<thead>
<tr>
<th>Does the student suffer from any of the following impairments? (tick)</th>
<th>Hearing:</th>
<th>☐ Yes</th>
<th>☐ No</th>
<th>Vision:</th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech:</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>Mobility:</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td></td>
</tr>
</tbody>
</table>

| Does the student suffer from Asthma? (tick) | ☐ Yes | ☐ No |

## Asthma Medical Condition Details:

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

<table>
<thead>
<tr>
<th>Please indicate if the student suffers from any of the following symptoms: (tick)</th>
<th>If my child displays any of these symptoms please: (tick)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Cough</td>
<td>Inform Doctor</td>
</tr>
<tr>
<td>☐ Difficulty Breathing</td>
<td>Inform Emergency Contact</td>
</tr>
<tr>
<td>☐ Wheeze</td>
<td>Administer Medication</td>
</tr>
<tr>
<td>☐ Exhibits symptoms after exertion</td>
<td>Other Medical Action</td>
</tr>
<tr>
<td>☐ Tight Chest</td>
<td>If yes, please specify:</td>
</tr>
</tbody>
</table>

Has an Asthma Management Plan been provided to School? ☐ Yes ☐ No

<table>
<thead>
<tr>
<th>Does the student take medication? (tick)</th>
<th>☐ Yes</th>
<th>☐ No</th>
<th>Name of medication taken:</th>
</tr>
</thead>
</table>

Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick) ☐ Preventative ☐ Response

<table>
<thead>
<tr>
<th>Indicate the usual dosage of medication taken:</th>
<th>Indicate how frequently the medication is taken:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Medication is usually administered by: (tick) ☐ Student ☐ Nurse ☐ Teacher ☐ Other

Medication is stored: (tick) ☐ with Student ☐ with Nurse ☐ Fridge in Staff Room ☐ Elsewhere

<table>
<thead>
<tr>
<th>Dosage time</th>
<th>Reminder required? (tick)</th>
<th>☐ Yes</th>
<th>☐ No</th>
<th>Poison Rating</th>
</tr>
</thead>
</table>

## Other Medical Conditions

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

<table>
<thead>
<tr>
<th>Does the student have any other medical condition? (tick)</th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
</table>

If yes, please specify:

<table>
<thead>
<tr>
<th>Symptoms:</th>
<th></th>
</tr>
</thead>
</table>

If my child displays any of the symptoms above please: (tick)

| Inform Doctor | ☐ Yes | ☐ No |
| Inform Emergency Contact | ☐ Yes | ☐ No |
| Administer Medication | ☐ Yes | ☐ No |
| Other Medical Action | ☐ Yes | ☐ No |

If yes, please specify:

<table>
<thead>
<tr>
<th>Does the student take medication? (tick)</th>
<th>☐ Yes</th>
<th>☐ No</th>
<th>Name of medication taken:</th>
</tr>
</thead>
</table>

Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick) ☐ Preventative ☐ Response

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<thead>
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<th>Indicate how frequently the medication is taken:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Medication is usually administered by: (tick) ☐ Student ☐ Nurse ☐ Teacher ☐ Other

Medication is stored: (tick) ☐ with Student ☐ with Nurse ☐ Fridge in Staff Room ☐ Elsewhere

<table>
<thead>
<tr>
<th>Dosage time</th>
<th>Reminder required? (tick)</th>
<th>☐ Yes</th>
<th>☐ No</th>
<th>Poison Rating</th>
</tr>
</thead>
</table>

**IMPORTANT:** IF YOUR CHILD SUFFERS FROM ASTHMA OR ANAPHYLAXIS OR ANY OTHER CONDITION THAT MAY AFFECT THEIR HEALTH AND WELL BEING AT SCHOOL, PLEASE CONTACT THE OFFICE TO RECEIVE FURTHER EMERGENCY INFORMATION FORMS THAT MUST BE COMPLETED IN ORDER FOR THE SCHOOL TO TAKE THE BEST POSSIBLE CARE OF YOUR CHILD.
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.

<table>
<thead>
<tr>
<th>Doctor’s Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual or Group Practice: (tick)</td>
<td>☐ Individual ☐ Group</td>
</tr>
<tr>
<td>No. &amp; Street or Box No.:</td>
<td></td>
</tr>
<tr>
<td>Suburb:</td>
<td>State:</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>Fax Number</td>
</tr>
</tbody>
</table>

Student Medicare Number:

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship (Neighbour, Relative, Friend or Other)</th>
<th>Language Spoken (If English Write “E”)</th>
<th>Telephone Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

First Aid / Medical Treatment Permission
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: ______ / _____ / ______

Consent to Headlice Inspection
I DO / DO NOT give permission for an appropriately trained employee to examine my child’s hair for head lice. I understand that I will be contacted if there is a potential problem regarding head lice with my child.

Signature of Parent/Guardian _________________________________ Date: ______ / _____ / ______

This concludes the Administrative section of the Enrolment Form, thank you for taking the time to complete it. 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: ______ / _____ / ______
Please complete the following information for your child’s classroom teacher:
Please comment on what you think your child is good at or interested in.

______________________________________________________
______________________________________________________
______________________________________________________
______________________________________________________

Please comment on what you would like your child to achieve this year.

_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________

Name of Student: ........................................

At Ballan P.S. we think it is important to understand your child’s needs and their particular interests. As part of the ‘You Can Do It’ Parent and School Partnership Program, we would appreciate you completing this form.

✓ Please tick the appropriate box

<table>
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<tr>
<th></th>
<th>Always</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Not Sure</th>
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**Confidence**
- Shows confidence when trying new things
- Cannot accept making mistakes
- Worries a lot about change
- Sticks at things even if challenging
- ‘Has a Go’ before asking for help

**Getting Along**
- Able to make new friends
- Shares toys and takes turns
- Able to control temper
- Follows home rules
- Listens when others are talking
- Helps with chores

**Organisation**
- Able to get school things ready  eg: school bag
- Plans own time to complete homework tasks
- Able to set a specific goal. eg: I must clean up my room this weekend as a friend is visiting
- Able to achieve goals set
- Makes lists of things to do
- Returns school reader or homework on time

**Persistence**
- Tries hard at a new or boring task
- Doesn’t give up easily
- Listens even when tired
- Asks questions that are relevant to task
- Asks for help rather than give up
- Blames others or tools if cannot succeed

**Emotional Resilience**
- Able to bounce back after a hurt
- Moves on after making a mistake
- Likes their own company
- Sees the good in a difficult situation
- Thinks good thoughts about themselves
MEDIA PERMISSION FORM

At Ballan Primary School we use photographs, video and digital images to:

- Record student participation at school and in school events.
- Celebrate student effort and achievement.
- Promote the school and events held by the school.

We celebrate the efforts of our students by mentioning their participation in school events and their achievements in our school newsletter. Occasionally photographs of students are included. We also use photographs, video and digital images of students on the school’s intranet. On the school’s website (the Internet) we use photographs, video and digital images only with the consent of the parent/guardian and the student.

We allow recording of school performances as this creates a memento that can be shared with other family members. Video or audio recording is permitted at the school under the copyright license paid by DE&T on behalf of all government schools.

We also invite local press to school events and they are expected to follow school policy on publication of photographs of students. On enrolment we seek parent consent to use photographs in the media or to publicise the school and its activities.

To update our records we would appreciate the return of the consent form on the reverse of this letter as soon as possible.

This form will cover the remainder of time your child is attending our school. If, after giving your permission, you wish to withdraw it, you will need to inform the office in writing.

If you have any concerns regarding the use of photographs, videos or digital images of your child please let us know.

Name of Child: ..............................................................

☐ I/We do consent  ☐ I/We do not consent to my/our child's photograph, video or digital image being used in the media or to publicise the school and its activities

☐ I/We do consent  ☐ I/We do not consent to my/our child having their first name only published on the school's website or when publishing Internet based material

☐ I/We do consent  ☐ I/We do not consent to my/our child having their photograph, video or digital image on the school's website or when publishing Internet based material

☐ I/We do consent  ☐ I/We do not consent to my/our child corresponding with others using email through the school's Internet site.

Name of Parent/Guardian: ............................................................ Signature: ...........................................

Name of Parent/Guardian: ............................................................ Signature: ...........................................
USING THE INTERNET AT BALLAN PRIMARY SCHOOL
Guidelines for Access to the Internet and Email
Ballan Primary School actively supports access by students to the widest variety of information resources together with the development, by staff, of appropriate skills to analyse and evaluate such resources.
Such access is a privilege and not a right. Access entails responsibility.
The school undertakes to ensure that information published on the Internet by students or the school under the school’s name meets legal requirements and standards of general practice within the community in relation to copyright and safety.

Accessing and Publishing Material
- A monitoring system will be used to identify student access to the Internet.
- All students shall be responsible for notifying their teacher, who will then notify the I.C.T. coordinator, of any inappropriate material so that access can be blocked.
- Consequences of publishing, accessing or failing to notify the teacher (coordinator) of inappropriate material shall include the removal of access rights for a period of time and parents shall be notified.
- Signed parent and student consent is required to be completed in order to publish work, photos or videos on the Internet.
- Only the first name of the student will be used when being identified on the Internet.
- Privacy of students, parents, staff and other users, either individuals or groups, must be recognised and respected at all times.
- All work that is to be published is to be screened for accuracy, appropriateness, correct spelling and grammar.
- Students in Grades Prep to 2 will access email through a single class account and students in Grades 3 to 6 will access email through individual accounts.
- Email accounts will be password protected and users will be responsible for clearing their mailboxes regularly.

Ballan Primary School Internet/Email Code of Practice – Student Agreement
- I agree to use the Internet and email at Ballan Primary School responsibly and sensibly when my teacher allows me to.
- I understand my teacher will regularly check on how I use the Internet and email.
- If I find I am looking at email or pages on the Internet that make me feel uncomfortable or that are unsuitable, I will let my teacher know immediately.
- If I receive email that makes me feel uncomfortable or that is unsuitable, I will let my teacher know immediately.
- When I am using the Internet or email, I will not let other people know my surname, my address or my telephone number.
- When I am using the Internet or email, I will not let other people know the surname, address or telephone number of other people.
- I will not publish a picture or send a picture of myself or other people without first checking with my teacher.
- I will not use other people’s writing or photographs when I am writing email letters or making pages on the Internet unless they give me permission.
- I will not arrange meetings with other people over the Internet or using email.
- I will always have my teacher’s permission before publishing web pages and sending email.
- When I am making web pages and writing email letters, I will only use language that I understand is right to use at my school.
- I understand that if I break these rules I will not be allowed to use email or the Internet for a time set by my teacher or other teachers, and my parents will be told of this.

Student Name: ........................................... Student Signature: ........................................... Date:   /   /

Parent/Guardian Agreement for Student Use and Access to Internet/email at Ballan Primary School.
I agree to ......................................................(child’s name), using the Internet at Ballan Primary School for educational purposes in accordance with the Student Agreement.
I understand the school will provide adequate supervision and that steps have been taken to minimise risk of exposure to unsuitable material on the Internet.
- I do / do not consent to my child having their first name published on the school’s Internet site or when publishing Internet based material.
- I do / do not consent to my child having their picture published on the school’s Internet site or when publishing Internet based material.
- I do / do not consent to my child corresponding with others using email through the school’s Internet access.

Parent/Guardian Name: ........................................... Parent/Guardian Signature: ........................................... Date:   /   /