

# Form to Enrol in a Victorian Government School

## Richmond West Primary School

Student Enrolment Information – 20____	OFFICE USE ONLY	CASES21 Student ID: _____
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The information requested in this form is required for enrolment purposes. This information is collected to plan for and support the educational needs of students.

**This form should be completed by parents or carers who are responsible for enrolling their child. It is the responsibility of the person completing this form to consult with all other adults that need to be involved in the enrolment process. Parents or carers can co-sign the same form or complete separate forms if personal details are unable to be shared between them.**

If required information is not provided or there is a dispute between parents or carers about a child's enrolment, the enrolling principal is required to consider the student's education and wellbeing when deciding whether to defer or accept the enrolment.

Only one enrolment form should be submitted per student. By completing and submitting this enrolment form, you are accepting a place for your child at the specified school (subject to any further checks required by the school).

All schools across Australia are expected to collect the same information. Questions marked with a ♦ are asked as a requirement of the Commonwealth Government to meet data collection, funding and reporting requirements under the Australian Education Regulations 2013.

## STUDENT DETAILS

Surname: _____	
First Given Name: _____	
Second Given Name: <i>(if applicable)</i> _____	
Preferred First Name: <i>(if applicable)</i> _____	
♦ Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Self-described: _____
Date of Birth: <i>(dd-mm-yyyy)</i> ____ / ____ / ____	Student Mobile Number: <i>(if applicable)</i> _____

Which year are you seeking to enrol this student?	
<input type="checkbox"/> Foundation <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Ungraded	

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

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

## Student's Permanent Residence

Your child's permanent residence is the address where they spend the majority of their days during the school week. If they spend an equal amount of time at two addresses, both are considered their permanent address and your child will be entitled to enrol in the designated neighbourhood school for either address.

The school may make enquiries to verify the information provided, such as checking the electoral roll at an Australian Electoral Commission office or the Victorian Electoral Commission head office; checking with a real estate agent; or checking whether there are any regulations/codes limiting the number of people living at one residence, for example if a rental property is a studio or one bedroom unit.

<b>No. &amp; Street Address:</b>	
<b>Suburb:</b>	
<b>State:</b>	<b>Postcode:</b>
<b>How often does this student live at this address?</b>	
<input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced (50%)	
<b>If the student lives at another address during the school week, please provide further details including the address, who they reside with and how many days a week the student lives there:</b>	

## Student Living Arrangements

<b>What are the student's living arrangements?</b>	
<input type="checkbox"/> Student lives with parents/carers together at the same residence <input type="checkbox"/> Student lives with one parent/carer only <input type="checkbox"/> Informal care arrangement <sup>#</sup> <input type="checkbox"/> Homeless	<input type="checkbox"/> Student lives with each parent/carer at different times <input type="checkbox"/> State Arranged Out of Home Care* <input type="checkbox"/> Student is independent
<b>If the student has a Case Manager, please provide their contact details below:</b>	

\* Students who live in court ordered alternative care arrangements away from their parents. These court ordered care arrangements include living with relatives or friends (kinship care), living with non-relative families (foster care or adolescent community placements) and living in residential care units.

<sup>#</sup> If the student is living in an informal care arrangement, please contact the school for an Informal Carer's Statutory Declaration, which must be completed.

## Siblings

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

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



## Student Demographics

Does the student speak English?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
❖ Does the student speak a language other than English at home?			
<input type="checkbox"/> No, English only			
<input type="checkbox"/> Yes (please specify the main language spoken at home): _____			
❖ Is the student of Aboriginal or Torres Strait Islander origin?			
<input type="checkbox"/> No		<input type="checkbox"/> Yes, Aboriginal	
<input type="checkbox"/> Yes, Torres Strait Islander		<input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander	
Is the student a young carer (providing support/care for other family member/s)? *		<input type="checkbox"/> Yes	<input type="checkbox"/> No

\* A young carer is a young person under 25 years of age who provides, or intends to provide care, assistance, or support to a family member with a mental illness, physical illness, disability, chronic illness, or who is aged or has an addiction.

## Student Residency Status

❖ In which country was the student born?	
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify): _____
If born overseas, on what date did the student arrive in Australia? (dd-mm-yyyy) _____ / _____ / _____	
What is the student's residency status? *	
<input type="checkbox"/> Australian citizen – holds Australian Passport	<input type="checkbox"/> Permanent Resident (provide visa details below)
<input type="checkbox"/> Australian citizen – eligible for Australian Passport	<input type="checkbox"/> Temporary Resident (provide visa details below)
<input type="checkbox"/> New Zealand citizen	
Visa Sub Class: _____	Visa Expiry Date: (dd-mm-yyyy) _____ / _____ / _____
Visa Statistical Code: (Required for some sub-classes) _____	

\* Note: An Australian birth certificate does not guarantee Australian residency or citizenship. Further information is available at [www.passports.gov.au/getting-passport-how-it-works/documents-you-need/citizenship](http://www.passports.gov.au/getting-passport-how-it-works/documents-you-need/citizenship)

Does the student hold a Bridging Visa?	<input type="checkbox"/> Yes (provide further detail below)	<input type="checkbox"/> No
If Yes, what was the student's previous visa?		
If Yes, what visa has the student applied for?		

International Student ID*: (Not required for exchange students)
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\* Note: If you are unsure of your International Student ID, please contact the International Education Division via phone (03 9084 8497) or email ([international@education.vic.gov.au](mailto:international@education.vic.gov.au)).

## Students with Additional Learning and Support Needs

The Department of Education recognises that adjustments may be required for students with additional needs, including students with disability, so that they can participate at school. School personnel and parents or carers work together to identify the adjustments that may be needed to meet the student's learning and support needs.

Does the student have additional needs and require support for learning?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No (move to the next section)
Please indicate any adjustments that may assist the student to participate at school:	

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

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

## Previous Education – Students Enrolling in Foundation for the First Time

Is the student attending a funded kindergarten program* in the year before Foundation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of kindergarten or early childhood service: _____		

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

## Previous Education – Other

Has the student previously been enrolled at another school?	<input type="checkbox"/> Yes, in Victoria – Government School	<input type="checkbox"/> Yes, in Victoria – Catholic or Independent School
	<input type="checkbox"/> Yes, interstate	<input type="checkbox"/> Yes, overseas <input type="checkbox"/> No (move to next section)

If Yes, name of last school attended:
If Yes, location of last school attended: (suburb/town/state/country)
If Yes, date of attendance: (dd-mm-yyyy) _____ / _____ / _____ to _____ / _____ / _____
If Yes, year levels of previous education:

If the student studied overseas, what age did the student first start school?
What was the language of the student's previous education?

Period of interruption to education: (months/years)	Is the student repeating a year level?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Child's Name sighted:		<input type="checkbox"/> Yes <input type="checkbox"/> No		Enrolment Date:
Year level:	Home Group:	Timetabling Group:	House:	Campus:
Student Email Address:				
Australian residency confirmed:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sighted / provided		
Date of birth confirmed:		<input type="checkbox"/> Yes – Birth certificate	<input type="checkbox"/> Yes – Doctor certificate	<input type="checkbox"/> Yes - Other <input type="checkbox"/> Not sighted / provided
Does the student have a Disability ID number?		<input type="checkbox"/> Yes (please specify): _____		<input type="checkbox"/> No

**For Foundation students, has a Transition Learning and Development Statement been provided?**

☐ Yes, via Insight Assessment Platform

☐ Yes, direct from teacher/parent/carer

☐ No

☐ Pending

**Does the student have a Victorian Student Number (VSN)?**

☐ Yes, please specify: \_\_\_\_\_

☐ Yes, but the VSN is unknown

☐ No, the student has never been issued a VSN

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**Additional notes regarding the student's enrolment:** (e.g., note if student information or documentation is missing and yet to be provided to the school)

# PARENT/CARER DETAILS

## Enrolling Adult 1

Surname:		Title:
First Given Name:		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Self-described: _____		

No. & Street Address:	
Suburb:	
State:	Postcode:
Preferred language of notices:	
Mobile:	Work Phone:
Home Phone:	Email:

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

Student lives with Adult 1:		
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced (50%)
<input type="checkbox"/> Occasionally		

Adult 1 Job Title:
Adult 1 Employer:

Is Adult 1 interested in being involved in school group participation activities? <i>(e.g., School Council, excursions)</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Relationship to student:		
<input type="checkbox"/> Parent	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Foster Parent
<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative	<input type="checkbox"/> Friend
<input type="checkbox"/> Self	<input type="checkbox"/> Other: _____	

In which country was Adult 1 born?		
<input type="checkbox"/> Australia		
<input type="checkbox"/> Other <i>(please specify)</i> : _____		
❖ Does Adult 1 speak a language other than English at home?		
<input type="checkbox"/> No, English only		
<input type="checkbox"/> Yes <i>(please specify)</i> : _____		
Please indicate any additional languages spoken by Adult 1:		
Is an interpreter required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

❖ What is the highest year of primary or secondary school that Adult 1 has completed?	
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 10 or equivalent
<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 9 or equivalent or below / no schooling
❖ What is the level of the highest qualification that Adult 1 has completed?	
<input type="checkbox"/> Bachelor degree or above	
<input type="checkbox"/> Advanced diploma / Diploma	
<input type="checkbox"/> Certificate I to IV (including trade certificate)	
<input type="checkbox"/> No non-school qualification	
❖ What is the occupation group of Adult 1? Please select the appropriate current parental occupation group from the attached list at the end of the document.	
• If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached list.	
• If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.	



## Enrolling Adult 2

Surname:		Title:
First Given Name:		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Self-described: _____

No. & Street Address:	
Suburb:	
State:	Postcode:
Preferred language of notices:	
Mobile:	Work Phone:
Home Phone:	Email:

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

Student lives with Adult 2:		
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced (50%)
<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never	

Adult 2 Job Title:	
Adult 2 Employer:	

Is Adult 2 interested in being involved in school group participation activities? <i>(e.g., School Council, excursions)</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Relationship to student:		
<input type="checkbox"/> Parent	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Foster Parent
<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative	<input type="checkbox"/> Friend
<input type="checkbox"/> Self	<input type="checkbox"/> Other: _____	

In which country was Adult 2 born?	
<input type="checkbox"/> Australia	
<input type="checkbox"/> Other <i>(please specify)</i> :	_____
❖ Does Adult 2 speak a language other than English at home?	
<input type="checkbox"/> No, English only	
<input type="checkbox"/> Yes <i>(please specify)</i> :	_____
Please indicate any additional languages spoken by Adult 2:	
Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No	

❖ What is the highest year of primary or secondary school Adult 2 has completed?	
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 10 or equivalent
<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 9 or equivalent or below / no schooling
❖ What is the level of the highest qualification that Adult 2 has completed?	
<input type="checkbox"/> Bachelor degree or above	
<input type="checkbox"/> Advanced diploma / Diploma	
<input type="checkbox"/> Certificate I to IV (including trade certificate)	
<input type="checkbox"/> No non-school qualification	
❖ What is the occupation group of Adult 2? Please select the appropriate current parental occupation group from the attached list at the end of the document.	
<ul style="list-style-type: none"> <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 list.</li> <li>If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.</li> </ul>	

## Additional Parents/Carers

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

If yes, please complete the Adult 3 and/or Adult 4 sections as attachments to this form on pages 16-17. If required, you may request a separate form for additional parents/carers from the school. The separate form allows for the capture of four further parents/carers.

## Emergency Contacts

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

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

## Correspondence Details

Send correspondence addressed to: (select one) <input type="checkbox"/> Adult 1 <input type="checkbox"/> Adult 2 <input type="checkbox"/> Both Adults <input type="checkbox"/> Neither
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## Billing Details

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

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

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



## STUDENT MEDICAL DETAILS

The Department of Education and Victorian Government Schools require the health information requested in this section to plan for and support the health and wellbeing needs of students.

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

### Student Doctor

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

### Asthma

Does the student have asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No (move to next section)	
Has a current Asthma Management Plan been provided to School? If No, please provide an Asthma Management Plan to the School <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the student take medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of medication taken:
Is the medication taken regularly by the student (preventive) or only in response to symptoms? <input type="checkbox"/> Preventative <input type="checkbox"/> Response	
Indicate the usual dosage of medication taken:	Indicate how frequently the medication is taken:
Medication is usually administered by: <input type="checkbox"/> Student <input type="checkbox"/> Adult <input type="checkbox"/> Other: _____	
Medication is to be stored: <input type="checkbox"/> with Student <input type="checkbox"/> with Staff <input type="checkbox"/> Other: _____	
Dosage time:	Reminder required? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Medical Conditions

Does the student have an allergy? If yes, please provide the school with an <a href="#">ASCIA Action Plan for Allergies</a> .	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Is the student at risk of anaphylaxis? If yes, please provide the school with an <a href="#">ASCIA Action Plan for Anaphylaxis</a> .	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Does the student have any other medical condition or other relevant medical assessment that the school needs to know about? If Yes, please ask the school for the appropriate medical advice form, to be completed by the treating medical practitioner and returned to school.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes to any of the above, please specify:

Symptoms:

If the student displays any of the symptoms above, please:

Inform emergency contact ☐ Yes ☐ No Administer medication ☐ Yes ☐ No

Other medical action ☐ Yes ☐ No If Yes, please specify: \_\_\_\_\_

## Medication

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

## Allied Health Support

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

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Immunisation Certificate received:	<input type="checkbox"/> Yes – Up to date	<input type="checkbox"/> Yes – Not up to date	<input type="checkbox"/> Not sighted / provided
Are there any Notice/s on the Immunisation History Statement:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the student have asthma, allergies or anaphylaxis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the student need to take medication during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
*Have the required medical forms been provided to the school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A – no medical conditions

\*Note: Additional forms including student medical advice and condition forms can be found here: [Medical Advice Forms](#)



# STUDENT SAFETY, ACCESS, AND SPECIAL CIRCUMSTANCES

## Student Risk

The Department of Education has a responsibility to assess and manage any risk of harm to its staff and students. This form gives you the opportunity to provide information that will help facilitate the student's transition to school. This may include preparing a behaviour management plan or other appropriate strategies to meet the particular needs of the student. The actions taken in response to the information you provide will help ensure the safety of this student, other students and staff.

<b>To your knowledge, is there anything in the student's history or circumstances (including medical history not already provided) which might pose a risk of any type to this student, other students, or staff at this school?</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No (move to the next section)
If Yes, please provide further detail:	

## Court Orders and Other Care Arrangements (previously referred to as an Access Alert)

<b>Is there an intervention order, parenting order or any other court order impacting the student?</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No (move to the next section)

If Yes, then complete the following questions and present a current copy of the document to the school.

<b>Court Order or other access document type:</b>	<input type="checkbox"/> Family Law Order / Parenting Order	<input type="checkbox"/> Parenting Plan / Agreement	<input type="checkbox"/> Intervention Order
	<input type="checkbox"/> Child Protection Order	<input type="checkbox"/> DFFH Authorisation	<input type="checkbox"/> Other: _____
Please provide further details of the Court Order or other access documents, and any other safety concerns:			
End Date (if applicable): (dd-mm-yyyy)			

## Activity Restrictions and Considerations

<b>Are there any activities (organised by the school and/or third parties) that the student cannot participate in?</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No (move to the next section)
If Yes, please provide further detail: (e.g. sport, excursions)	

<b>OFFICE USE ONLY</b>	
Current Court Order or other access document placed on student file?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## STUDENT TRAVEL DETAILS

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

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

### Conveyance Allowance Program

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

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

### School Bus Program

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

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

### Students with Disabilities Transport Program

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

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



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

Map Ref:

Time AM:

**Set Down Point:**

Map Ref:

Time PM:

### Privacy Statement

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

Please also refer to the Victorian Government School Privacy Collection Notice for details on handling of personal and health information in schools: [www.education.vic.gov.au/Pages/Schools'-Privacy-Collection-Notice.aspx](http://www.education.vic.gov.au/Pages/Schools'-Privacy-Collection-Notice.aspx)

## DECLARATION

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

I/We confirm that:

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

Signature of Enrolling Adult: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of Enrolling Adult (if applicable): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

- ☐ Both parents/carers have completed and signed this form.
- ☐ Parents/carers are completing separate forms (schools can provide additional forms on request).
- ☐ One parent has completed and signed this form on behalf of both parents. Contact details for the other parent have been provided in the form for the school's use as required.
- ☐ One parent has completed and signed this form and the contact details for the other parent are unknown to the enrolling parent/carer and not provided.
- ☐ There is only one parent/carer with legal responsibility for the child and that person has completed and signed this form.
- ☐ Other, please specify: (for instance, where the contact details for the other parent are known but it is not appropriate or safe to contact them) \_\_\_\_\_

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

### WHO CAN SIGN THIS FORM?

- **A person with parental responsibility:** a parent of a child under 18 years of age, subject to relevant court orders (including parenting orders made under the *Family Law Act 1975* and protection orders made under the *Children, Youth and Families Act 2005* by the Children's Court, or other person granted parental responsibility under a relevant court order).
- **A carer formally authorised by Child Protection to enrol the student:** the Department of Families, Fairness and Housing (DFFH) can issue a written authorisation to the carer of a child in out of home care to make decisions about the child. In some circumstances this will include specific authorisation to enrol the child at school.
- **Informal carer:** an Informal Carer is a relative or other responsible adult with whom the child lives, and who has day to day care of the child. The informal carer should provide an Informal Carer Statutory Declaration to confirm their status as an informal carer. A copy of this statutory declaration can be obtained from [www.education.vic.gov.au/PAL/informal-carer-statutory-declaration-template.pdf](http://www.education.vic.gov.au/PAL/informal-carer-statutory-declaration-template.pdf)
- **Students living independently:** If the student is an adult or a mature minor for the purpose of enrolment and they live independently. These students will need to be considered in accordance with the [www.education.vic.gov.au/pal/decision-making-responsibilities-students/policy](http://www.education.vic.gov.au/pal/decision-making-responsibilities-students/policy) policy.
- **Adult Students:** a student 18 years of age or older is considered an adult and can sign their own consent form.



# ATTACHMENT – PARENTAL OCCUPATION GROUP CODES

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

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

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

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

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

**Defence Forces** Commissioned Officer

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

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

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

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

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

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

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

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

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

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

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

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

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

**Skilled office, sales, and service staff:**

- Office (secretary, personal assistant, desktop publishing operator, switchboard operator)
- Sales (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)
- Service (aged / disabled / refuge / childcare worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

## Group D: Machine operators, hospitality staff, assistants, labourers and related workers

**Drivers, mobile plant, production / processing machinery and other machinery operators**

**Hospitality staff** (hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper)

**Office assistants, sales assistants, and other assistants:**

- Office (typist, word processing / data entry / business machine operator, receptionist, office assistant)
- Sales (sales assistant, motor vehicle / caravan / parts salesperson, checkout operator, cashier, bus / train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker)
- Assistant / aide (trades' assistant, school / teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum / gallery attendant, usher, home helper, salon assistant, animal attendant)

**Labourers and related workers**

- Defence Forces - ranks below senior NCO not included above
- Agriculture, horticulture, forestry, fishing, mining worker (farm overseer, shearer, wool / hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/ logging worker, miner, seafarer / fishing hand)
- Other worker (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)



# ATTACHMENT – ADDITIONAL PARENT/CARER DETAILS

## Enrolling Adult 3

Surname:		Title:
First Given Name:		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Self-described: _____

No. & Street Address:	
Suburb:	
State:	Postcode:
Preferred language of notices:	
Mobile:	Work Phone:
Home Phone:	Email:

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

Student lives with Adult 3:		
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced (50%)
<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never	

Adult 3 Job Title:	
Adult 3 Employer:	

Is Adult 3 interested in being involved in school group participation activities? <i>(e.g., School Council, excursions)</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Relationship to student:		
<input type="checkbox"/> Parent	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Foster Parent
<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative	<input type="checkbox"/> Friend
<input type="checkbox"/> Self	<input type="checkbox"/> Other: _____	

In which country was Adult 3 born?	
<input type="checkbox"/> Australia	
<input type="checkbox"/> Other <i>(please specify)</i> : _____	
❖ Does Adult 3 speak a language other than English at home?	
<input type="checkbox"/> No, English only	
<input type="checkbox"/> Yes <i>(please specify)</i> : _____	
Please indicate any additional languages spoken by Adult 3:	
Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No	

❖ What is the highest year of primary or secondary school Adult 3 has completed?	
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 10 or equivalent
<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 9 or equivalent or below / no schooling
❖ What is the level of the highest qualification that Adult 3 has completed?	
<input type="checkbox"/> Bachelor degree or above	
<input type="checkbox"/> Advanced diploma / Diploma	
<input type="checkbox"/> Certificate I to IV (including trade certificate)	
<input type="checkbox"/> No non-school qualification	
❖ What is the occupation group of Adult 3? Please select the appropriate current parental occupation group from the attached list at the end of the document.	
<ul style="list-style-type: none"> <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 list.</li> <li>If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.</li> </ul>	



## Enrolling Adult 4

Surname:		Title:
First Given Name:		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Self-described: _____

No. & Street Address:	
Suburb:	
State:	Postcode:
Preferred language of notices:	
Mobile:	Work Phone:
Home Phone:	Email:

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

Relationship to student:		
<input type="checkbox"/> Parent	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Foster Parent
<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative	<input type="checkbox"/> Friend
<input type="checkbox"/> Self	<input type="checkbox"/> Other: _____	

In which country was Adult 4 born?	
<input type="checkbox"/> Australia	
<input type="checkbox"/> Other (please specify): _____	
❖ Does Adult 4 speak a language other than English at home?	
<input type="checkbox"/> No, English only	
<input type="checkbox"/> Yes (please specify): _____	
Please indicate any additional languages spoken by Adult 4:	
Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Student lives with Adult 4:		
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced (50%)
<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never	
Adult 4 Job Title:		
Adult 4 Employer:		

Is Adult 4 interested in being involved in school group participation activities? (e.g., School Council, excursions)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
❖ What is the highest year of primary or secondary school Adult 4 has completed?	
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 10 or equivalent
<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 9 or equivalent or below / no schooling
❖ What is the level of the highest qualification that Adult 4 has completed?	
<input type="checkbox"/> Bachelor degree or above	
<input type="checkbox"/> Advanced diploma / Diploma	
<input type="checkbox"/> Certificate I to IV (including trade certificate)	
<input type="checkbox"/> No non-school qualification	
❖ What is the occupation group of Adult 4? Please select the appropriate current parental occupation group from the attached list at the end of the document.	
<ul style="list-style-type: none"> <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 list.</li> <li>If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.</li> </ul>	





## Required Documentation

- Copy of Birth Certificate ☐
- or Passport ☐
- Immunisation Status Certificate ☐
- Proof of residential address (eg. drivers licence  
or utility bill) ☐

These documents **must** be provided together with your child's enrolment form for enrolment process to be completed.

## Richmond West Primary School Program Selection

Please indicate which program you would like your child to be enrolled in

(Please tick box)

Chinese Bilingual	<input type="checkbox"/>
Vietnamese Bilingual	<input type="checkbox"/>
English	<input type="checkbox"/>

How did you hear about us?	
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## School Newsletter

Our school newsletter is translated into the following languages, tick which one you prefer:

- ☐ English
- ☐ Mandarin
- ☐ Vietnamese

email address for newsletter:

.....

.....







## Photographing, Filming and Recording students at Richmond West Primary School Annual Consent Form and Collection Notice

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

This notice applies to photographs, video or recordings of students that are collected, used and disclosed by the school.

Richmond West Primary School endeavours to respect the privacy of all members of our school community. We request that any parent/carer or other members of our school community photographing, filming or recording students at school events, for example school assemblies and musical performances, sports events, graduation etc., do so in a respectful and safe manner and that any photos, video or recordings ("images" of students) are not shared or publicly posted without the permission of the relevant parent/carer. Neither the school nor the Department own or control any images of students taken by parents/carers, students or their invited guests at school activities.

If you do not understand any aspect of this notice, or you would like to talk about any concerns you have, please contact our school on 03 9429 2950 or via email at [richmond.west.ps@education.vic.gov.au](mailto:richmond.west.ps@education.vic.gov.au)

### **A. Use or disclosure within the school community**

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

- in the school's communication, learning and teaching tools, for example: emails and Compass (can only be accessed by students, parents/carers or school staff with passwords)
- for display in school classrooms, on noticeboards, foyer tv etc.
- to support student's health and wellbeing, for example, asthma and anaphylaxis plans, OT strategies such as photographs of pencil grip to assist in OT assessments.

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

Photographs, video or recordings of students may also be used in publications that are accessible to the public, including:

- on the school's website,
- on the school's social media streams

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

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

### **Privacy**

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

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

### Ownership and Reproduction

Copyright of the images will be wholly owned by the school. This means that the school may use the images in the ways described in this form without notifying, acknowledging or compensating you or your child.

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### Please tick the appropriate box for each of A & B.

**A. Use within the school community** (for example, in the school's communication – Compass, learning and teaching tools, on display around the school etc.)

☐ **I do consent** to Richmond West Primary School using photos, video or recordings of my child as above.

**OR**

☐ **I do not consent** to Richmond West Primary School using photos, video or recordings of my child as above. This will mean that your child will be excluded from all photos and recordings taken for this purpose in order to respect your choice.

### **AND**

**B. Use in publications/locations that are publicly accessible** (for example, on the school's website, on the school's social media streams etc.)

☐ **I do consent** to Richmond West Primary School using photos, video or recordings of my child as above.

**OR**

☐ **I do not consent** to Richmond West Primary School using photos, video or recordings of my child as above. This will mean that your child will be excluded from all photos and recordings taken for this purpose in order to respect your choice.

Name of Student	
Name of parent/carers	
Signature	
Date	____ / ____ / ____



# Starting primary school?

Immunisation information for parents enrolling a child into primary school in Victoria

## Why immunise?

Children starting school are exposed to a large number of people and to a range of potentially dangerous diseases.

Immunisation is a proven and safe way to be protected against diseases that may cause serious illness and sometimes death.

Enrolling in primary school is a good time to check your child's immunisations are up to date.

## What is an *Immunisation History Statement*?

It is a statement from the Australian Immunisation Register (AIR) that shows what vaccines your child has received.

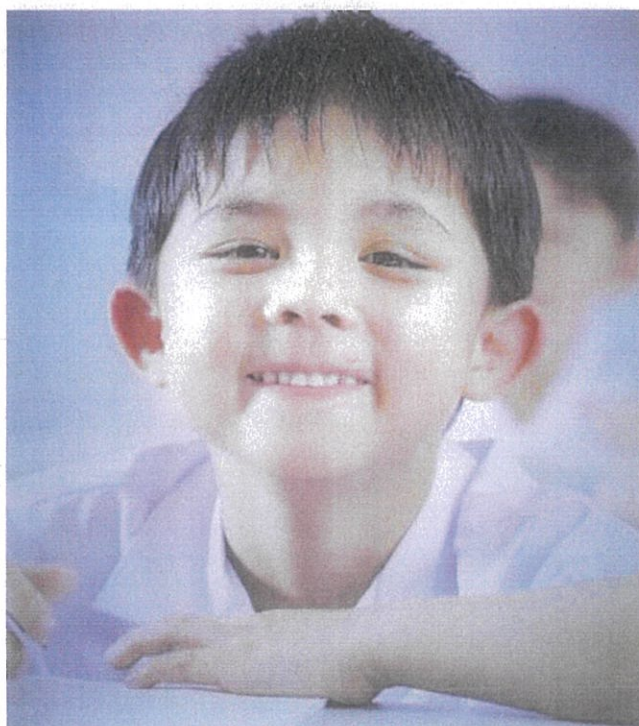
By law, you must provide a current Immunisation History Statement from the AIR to the primary school when enrolling your child for the first time or when going to a new primary school.

If your child has not received any immunisations, you must still provide a current Immunisation History Statement, which states no vaccines have been given.

## What is the statement used for?

To keep children safe. In the event of a vaccine preventable disease outbreak, unimmunised children can be quickly identified and may be required to be excluded from school until the risk of infection has passed. For further information refer to the 'school exclusion table' at:

<https://www2.health.vic.gov.au/public-health/infectiousdiseases/school-exclusion/school-exclusion-table>



If you do not provide an *Immunisation History Statement* to the school, your child may be excluded from school during a disease outbreak because their immunisation status will be unknown.

By law, all parents must provide a current *Immunisation History Statement* from the AIR to enrol their child in primary school.

## How do I obtain an *Immunisation History Statement*?

The quickest way to get your child's statement is by using your Medicare online account through myGov or the Express Plus Medicare mobile app.

Alternatively, you can call the AIR on 1800 653 809 and request for your child's statement to be posted to you. It can take 14 days for your statement to arrive by post.

If you think your child's *Immunisation History Statement* is incomplete or incorrect, contact your immunisation provider.

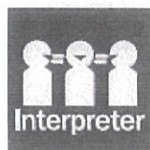
## What if my child has had immunisations overseas or they are not eligible for Medicare?

You can get overseas immunisations added to the AIR. You need to take a translated copy of your child's overseas immunisation history to your Australian immunisation provider. They will check the vaccines your child has had and tell you if any additional ones are required. They will update the AIR with immunisations given overseas as well as any new ones.

When your child's immunisations are recorded on the AIR, ask your vaccination provider if they can print an *Immunisation History Statement* from the AIR for you to give to your child's primary school.

Alternatively, you can call the AIR on 1800 653 809 to check if your child's immunisations have been recorded and request a statement to be posted to you. It can take up to 14 days to arrive by post.

A translating and interpreting service is available by calling 131 450, Monday to Friday from 8.30am to 4.45pm.



**Translating and  
interpreting service  
Call 131 450**

## How can I find out more?

For more information search 'childhood immunisation' on [www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)

For translated versions of this document go to [www.healthtranslations.vic.gov.au](http://www.healthtranslations.vic.gov.au) and search 'starting primary school'

To receive this publication in an accessible format email [immunisation@dhhs.vic.gov.au](mailto:immunisation@dhhs.vic.gov.au)

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# Camps, Sports and Excursions Fund APPLICATION Form

School Name

School REF ID

## Parent/legal guardian details

Surname

First name

Address

Town/suburb  State  Postcode

Contact number

Centrelink pensioner concession **OR** Health care card number (CRN)

-  -  -  **OR**

☐ Foster parent\* **OR** ☐ Veterans affairs pensioner (Gold Card)\*\*

\*Foster Parents must provide a copy of the temporary care order letter from the Victorian Department of Families, Fairness and Housing (DFFH).

\*\*Applicants must provide a copy of the Veteran Affairs Gold card.

## Student details

Child's surname	Child's first name	Student ID	Date of birth (dd/mm/yyyy)	Year level

I authorise the Victorian Department of Education (DE) to use Centrelink Confirmation eServices to perform an enquiry about my Centrelink customer details and concession card status to enable the business to determine if I qualify for a concession, rebate or service. I also authorise the Victorian Department of Families, Fairness and Housing (DFFH) to provide the results of any enquiry to DE regarding temporary care orders.

I understand that:

- DFFH or Centrelink will use information I have provided to DE to confirm my eligibility for the Camps, Sports and Excursions Fund and will disclose to DE personal information including my name, address, payment and concession card type and status.
- This consent, once signed, remains valid while my child is enrolled at a registered Victorian school unless I withdraw it by contacting the school.
- I can obtain proof of my circumstances/details from DFFH and provide it to my child's school so that my eligibility for the Camps, Sports and Excursions Fund can be determined.
- If I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the Camps, Sports and Excursions Fund provided by DE.
- Information regarding my eligibility for the Camps, Sports and Excursions Fund may be disclosed to DFFH and/or State Schools Relief for the purpose of evaluating concession card services or confirming eligibility for assistance.

You can request access to the personal information that we hold about you, and to request that any errors be corrected, by contacting your child's school.

Signature of applicant  Date  /  /

## Camps, Sports and Excursions fund eligibility

Below are the criteria used to determine a student's eligibility for the Camps, Sports and Excursions Fund (CSEF).

### Criteria 1 – Eligibility

To be eligible\* for the fund, a parent or legal guardian of a student attending a registered **Government or non-government Victorian** primary or secondary school must:

- on the first day of Term **one, or;**
- on the first day of Term **two.**
- a) Be an eligible beneficiary within the meaning of the State Concessions Act 2004, that is, be a holder of Veterans Affairs Gold Card or be an eligible Centrelink Health Care Card (HCC) or Pensioner Concession Card (PCC) holder, OR
- b) Be a temporary foster parent, and;
- c) Submit an application to the school by the due date.

\* A special consideration eligibility category also exists. For more information, see:

[www.education.vic.gov.au/about/programs/Pages/csef.aspx](http://www.education.vic.gov.au/about/programs/Pages/csef.aspx)

Parents who receive a Carer Allowance on behalf of a child, or any other benefit or allowance not income tested by Centrelink, are not eligible for the CSEF unless they also comply with one of (a) or (b) above.

### Criteria 2 - Be of school age and attend school in Victoria.

School is compulsory for all Victorian children aged between six and seventeen years of age inclusive.

For the purposes of CSEF, students may be eligible for assistance if they attend a Victorian registered primary or secondary school. Typically, these students are aged between five and eighteen years inclusive.

CSEF is not payable to students attending pre-school, kindergarten, home schooling, or TAFE.

#### Eligibility Date

For concession card holders, CSEF eligibility will be subject to the parent/legal guardian's concession card being successfully validated with Centrelink on **29 January 2024, 15 April 2024.**

## Payment amounts

#### CSEF payment amount

The CSEF is an annual payment to the school to be used towards camps, sports and/or excursion expenses for the benefit of the eligible student.

- Primary school student rate: \$150.00 per year.
- Secondary school student rate: \$250.00 per year.

The CSEF is paid directly to your child's school and will be allocated by the school towards camps, sports and/or excursion costs for your child.

**For ungraded students**, the rate payable is determined by the student's date of birth. For more information, see:

[www.education.vic.gov.au/about/programs/Pages/csef.aspx](http://www.education.vic.gov.au/about/programs/Pages/csef.aspx)

**Year 7 government school students** who are CSEF recipients are also eligible for a uniform voucher. Secondary schools are required to make applications on behalf of parents, so please register your interest at the school.

## How to complete the application form

**NOTE: ALL SECTIONS MUST BE COMPLETED BY PARENT/LEGAL GUARDIAN**

1. Complete the PARENT/LEGAL GUARDIAN DETAILS section.  
Make sure that the Surname, First Name, and Customer Reference Number (CRN) details match those on your concession card. You will also need to provide your concession card to the school.  
If you are claiming as a Foster Parent or a Veteran Affairs Pensioner, you will need to provide a copy of documentation confirming your status as a temporary Foster Parent or provide your Veterans Affairs Pensioner Gold card to the school.
2. Complete the STUDENT/S DETAILS section for students at this school.
3. Sign and date the form and return it to the school office as soon as possible. **The CSEF program for 2024 closes at the end of term 4.**

CSEF payments cannot be claimed retrospectively for prior years.

Queries relating to CSEF eligibility and payments should be directed to the school.





## **PRIVACY COLLECTION STATEMENT - Enrolment Information for parents and carers**

Our Enrolment Form asks you for personal and health information about your child and your family. This information is collected to enable our school to educate your child and support your child's social and emotional wellbeing and health. Our school is also required by legislation, such as the *Education and Training Reform Act 2006*, to collect some of this information.

Our school relies on you to provide **health information** about any medical condition or disability that your child has, medication your child may take while at school, any known allergies and contact details of your child's doctor. If you do not provide all relevant health information, this may put your child's health at risk.

Our school requires current, relevant information about all **parents and carers** so that we can take account of family arrangements. Please provide our school with copies of all current parenting plans AND court orders regarding parenting arrangements. Please provide copies of court orders or plans when they change. If you wish to discuss any matters regarding family arrangements in confidence, please contact the principal.

### **Protecting your privacy and sharing information**

The information about your child and family collected through this Enrolment Form will only be shared with school staff who need to know to enable our school to educate or support your child, or to fulfil legal obligations including duty of care, anti-discrimination law and occupational health and safety law. The information collected will not be disclosed beyond the Department of Education and Training without your consent, unless such disclosure is lawful. For more about information-sharing and privacy, see our school's privacy policy:

<https://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx>

### **Our school's use of online tools (including apps and other software) to collect and manage information**

Our school may use online tools, such as apps and other software, to effectively collect and manage information about your child for teaching and learning purposes, parent communication and engagement; student administration; and school management purposes. When our school uses these online tools, we take steps to ensure that your child's information is secure. If you have any concerns about the use of these online tools, please contact us.

### **Emergency contacts**

Emergency contacts are those people you nominate for the school to contact during an emergency. Please ensure your nominated emergency contact agrees to you providing their contact details to our school and that they have read the paragraph above. It is important that you inform them that their contact details may be disclosed beyond the Department if lawful.

**Student background information**

The enrolment form requests information about country of birth, aboriginality, language spoken at home and parent occupation. This information enables the Department to allocate appropriate resources to our school. The Department also uses this information to plan for future educational needs in Victoria and shares some information with the Commonwealth government to monitor, plan and allocate resources.

**Immunisation status**

Your child's immunisation status assists our school to manage health risks for children. The Department may also provide this information to the Department of Health and Human Services to assess immunisation rates in Victoria, but not in a way which identifies you.

**Visa status**

Our school also requires this information to process your child's enrolment.

**Updating your child's personal and health information**

Please inform our school if, and when, there are any updates to any of the personal or health information you provide on the Enrolment Form.

**Accessing your child's records**

Our school provides ordinary school communications and school reports to students and parents and carers who have legal decision-making responsibility for the student. Requests for any other type of student records may be made through a Freedom of Information (FOI) application. Please contact our school and we can advise you how to do this.

**Student transfers between Victorian government schools**

When our students transfer to another Victorian government school, our school will transfer the student's personal and health information to that next school. This may include copies of student's school records, including any health information. Transferring this information assist the next school to provide the best possible education and support to students.

## Richmond West Primary School

25 Lennox Street Richmond, Victoria 3121

+61 3 9429 2950

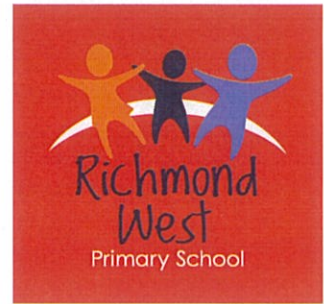
ABN: 21 602 651 529

[richmond.west.ps@edumail.vic.gov.au](mailto:richmond.west.ps@edumail.vic.gov.au)

[www.richmondwestps.vic.edu.au](http://www.richmondwestps.vic.edu.au)

Acting Principal: Peter James

Business Manager: Jessica Foeken



Dear parent/guardian,

Richmond West Primary School is looking forward to another great year of teaching and learning and would like to advise you of Richmond West Primary School's voluntary financial contributions for 2024.

Schools provide students with free instruction to fulfil the standard Victorian curriculum and we want to assure you that all contributions are voluntary. Nevertheless, the ongoing support of our families ensures that our school can offer the best possible education and support for our students. We want to thank you for all your support, whether that is through fundraising or volunteering your time. This has made a huge difference to our school and the programs we can offer.

Within our school this support has allowed us to provide a truly comprehensive and enriching program for our students – with a diverse range of educational activities and opportunities – over and above those associated with the basic curriculum.

For further information on the Department's Parent Payments Policy please see a one-page overview attached.

Yours sincerely,

Peter James  
Principal

Bronwyn Green  
School Council President



<b>Curriculum Contributions</b> - items and activities that students use, or participate in, to access the Curriculum	<b>Amount</b>
Classroom consumables, materials & equipment <ul style="list-style-type: none"> <li>• Classroom Stationery (pens, pencils, exercise books, rulers, textas etc) (\$100)</li> <li>• Art &amp; Craft Supplies (\$7)</li> <li>• Music, Dance and Drama (\$10)</li> <li>• English – book boxes (\$6)</li> <li>• Physical Education – equipment (\$6)</li> <li>• Kitchen Classroom materials (\$5)</li> <li>• Bilingual education/LOTE (\$5)</li> <li>• Mathematics (\$3)</li> <li>• Science materials (\$3)</li> </ul>	\$145
Online subscriptions <ul style="list-style-type: none"> <li>• Essential Assessments Subscription (\$9)</li> <li>• Reading Eggs (\$11)</li> <li>• PAT Maths (\$3)</li> <li>• See Saw Subscription (Preps -2) (\$8)</li> <li>• Quizzlet subscription (Language App) (\$5)</li> </ul>	\$36
ICT devices – provision of devices from the shared classroom sets	\$31
Swimming and water safety program	\$85
Home Reading Folder – (New Students)	\$8
Printing and photocopying of worksheets and learning materials	\$10
<b>Total Curriculum Contributions</b>	<b>\$315</b>

<b>Other Contributions</b> - for non-curriculum items and activities	<b>Amount</b>
School Sports Victoria membership	\$10
Positive Futures Fund	\$150
First aid equipment	\$20
School grounds maintenance and improvements	\$50
<b>Total Other Contributions</b>	<b>\$230</b>

<b>Tax deductible contributions</b>	
<b>Building fund.</b> A tax-deductible contribution to support renovations, upgrades, and maintenance of school infrastructure (Suggested - \$150).	\$
<b>Library fund.</b> A tax-deductible contribution to support book purchases and other equipment that sustain the library as a valuable resource. (Suggested - \$150)	\$

### Extra-Curricular Items and Activities – provided on a user-pays basis

Richmond West Primary School offers a range of optional items and activities that enhance or broaden the schooling experience of students and are above and beyond what the school provides to deliver the Curriculum.

The cost of extra-curricular items and activities will be advised throughout the year.

Extra-Curricular Items and Activities	Amount
Optional Year 3/4 school camp	TBD
Optional Year 5/6 school camp	TBD
Optional Year 1 and 2 Dinner and Disco	TBD
Optional Interschool Sports program	TBD
Optional Excursions throughout year	TBD
Chess Club	\$12 per session
Brass Band (places limited)	\$145 per term
Karate	Apply to Helen Hadiyan
<b>Total Extra-Curricular Items and Activities</b>	<b>\$</b>

### Financial Support for Families

Richmond West Primary School understands that some families may experience financial difficulty and offers a range of support options, including:

- the Camps, Sports and Excursions Fund
- Positive Futures Fund
- Payment plans for Extra-Curricular Items and Activities

For a confidential discussion about accessing these services, or if you would like to discuss alternative payment arrangements, contact:

Jessica Foeken

Ph: 03 9429 2950 | Email: [Jessica.Foeken@education.vic.gov.au](mailto:Jessica.Foeken@education.vic.gov.au)

### Total

Category	Totals
Curriculum Contributions	\$315
Other Contributions	(Non-tax deductible) \$230
	(Tax-deductible) \$
Extra-Curricular Items and Activities	\$0
<b>Total</b>	<b>\$545</b>

**Payment methods**

Please pay through Compass or at the Office.

**Refunds**

Parent requests for refunds are subject to the discretion of the school and made on a case-by-case basis. Refunds will be provided where the school deems it is reasonable and fair to do so, taking into consideration whether a cost has been incurred, the Department's Parent Payments Policy and Guidance, Financial Help for Families Policy, and any other relevant information.

**Other Ways to Help**

Parents are also encouraged to donate their time through contributing to Working Bees or the following Subcommittees: Fundraising and Community Events, Buildings and Grounds, Out of School Hours Care, School Promotion, Finance.



# PARENT PAYMENTS POLICY

## ONE PAGE OVERVIEW



### FREE INSTRUCTION

- Schools provide students with free instruction and ensure students have free access to all items, activities and services that are used by the school to fulfil the standard curriculum requirements in Victorian Curriculum F-10, VCE and VCAL.
- Schools may invite parents to make a financial contribution to support the school.



### PARENT PAYMENT REQUESTS

Schools can request contributions from parents under three categories:

#### Curriculum Contributions

Voluntary financial contributions for curriculum items and activities which the school deems necessary for students to learn the Curriculum.

#### Other Contributions

Voluntary financial contributions for non-curriculum items and activities that relate to the school's functions and objectives.

#### Extra-Curricular Items and Activities

Items and activities that enhance or broaden the schooling experience of students and are above and beyond what the school provides for free to deliver the Curriculum. These are provided on a user-pays basis.

- Schools may also invite parents to supply or purchase educational items to use and own (e.g. textbooks, stationery, digital devices).



### FINANCIAL HELP FOR FAMILIES

- Schools put in place financial hardship arrangements to support families who cannot pay for items or activities so that their child doesn't miss out.
- Schools have a nominated parent payment contact person(s) that parents can have a confidential discussion with regarding financial hardship arrangements.



### SCHOOL PROCESSES

- Schools must obtain school council approval for their parent payment arrangements and publish all requests and communications for each year level on their school website for transparency.