



# BAYSWATER NORTH PRIMARY SCHOOL PRIVACY NOTICE

## Information About The Enrolment Form.

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

This confidential enrolment form asks for personal information about your child as well as family members and others that provide care for your child. The main purpose for collecting this information is so that **Bayswater North Primary School** can register your child and allocate staff and resources to provide for their educational and support needs. All staff at **Bayswater North 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 **Bayswater North 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. **Bayswater North Primary School** depends on you to provide all relevant health information because withholding some health information may put your child's health at risk.

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

## EMERGENCY CONTACTS

These are people that **Bayswater North 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 **Bayswater North PS**.

## 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 **Bayswater North 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.

## IMMUNISATION STATUS

This assists **Bayswater North 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 **Bayswater North Primary School** to process your child's enrolment.

## UPDATING YOUR CHILD'S RECORDS

Please let **Bayswater North Primary School** know if any information needs to be changed by sending updated information to the school office. During your child's time with **Bayswater North 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 Department can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form. Please call the **Bayswater North Primary School** on 9729 1744 if you would like this information.

|   |                                      |  |
|---|--------------------------------------|--|
| <b>STUDENT ENROLMENT INFORMATION – 2020</b> | Computer Generated Student ID: _____ |  |
|---|--------------------------------------|--|

## STUDENT DETAILS

### PERSONAL DETAILS OF STUDENT

|  |   |
|--|---|
| <b>Surname:</b> _____  | <b>Title:</b> (Miss Ms Mr) _____                      |
| <b>First Given Name:</b> _____   |   |
| <b>Second Given Name:</b> _____  |   |
| <b>Preferred Name</b> (if applicable): _____                                       |   |
| <b>❖ Sex</b> (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female | <b>Birth Date:</b> (dd-mm-yyyy) _____ / _____ / _____ |
| <b>Student Mobile Number:</b> _____  |   |

### PRIMARY FAMILY HOME ADDRESS:

|  |   |
|--|---|
| <b>No. &amp; Street: or PO Box details</b> |   |
| <b>Suburb:</b> _____                       |   |
| <b>State:</b> _____                        | <b>Postcode:</b> _____  |
| <b>Telephone Number</b> _____              | <b>Silent Number:</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Mobile Number:</b> _____                | <b>Fax Number:</b> _____  |

### OFFICE USE ONLY

|  |                         |                                |                                  |                     |
|--|-------------------------|--------------------------------|----------------------------------|---------------------|
| <b>Child's Name and Birth Date proof sighted</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No   |                         |                                | <b>Enrolment Date:</b> _____     |                     |
| <b>Year Level</b> _____  | <b>Home Group</b> _____ | <b>Timetabling Group</b> _____ | <b>House</b> _____               | <b>Campus</b> _____ |
| <b>Previous School/Kinder/Child Care</b> _____   |                         |                                |                                  |                     |
| <b>Immunisation Certificate received?:</b> (tick) <input type="checkbox"/> Complete <input type="checkbox"/> Not sighted   |                         |                                |                                  |                     |
| <b>Is there a Medical Alert for the student?:</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No  |                         |                                |                                  |                     |
| <b>Does the student have a Disability ID Number?</b> (tick) <input type="checkbox"/> No <input type="checkbox"/> Yes   |                         |                                | <b>Disability ID No.:</b> _____  |                     |
| <b>Has a Transition Statement been provided (either by the Early Childhood Educator or parents)?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |                                | <input type="checkbox"/> Pending |                     |
| <small>For prep students only</small>  |                         |                                |                                  |                     |

## FAMILY DETAILS

|   |
|---|
| <b>List any other family members attending this school:</b> |
|   |

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

## PRIMARY FAMILY DETAILS

NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with". Additional and Alternative family forms are available from the school if this is required. These additional forms are designed to cater for varying family circumstances. 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 are recorded.

### ADULT A DETAILS (PRIMARY CARER):

|  |
|--|
| <b>Sex (tick):</b> <input type="checkbox"/> Male <input type="checkbox"/> Female   |
| <b>Title:</b> (Ms, Mrs, Mr, Dr etc)  |
| <b>Legal Surname:</b>  |
| <b>Legal First Name:</b>   |
| <b>What is Adult A's occupation?</b>   |
| <b>Who is Adult A's employer?</b>  |
| <b>In which country was Adult A born?</b><br><input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):   |
| <b>❖ Does Adult A speak a language other than English at home?</b> (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)<br><input type="checkbox"/> No, English only<br><input type="checkbox"/> Yes (please specify):  |
| <b>Please indicate any additional languages spoken by Adult A:</b>   |
| <b>Is an interpreter required?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>❖ What is the highest year of primary or secondary school Adult A has completed?</b> (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)<br><input type="checkbox"/> Year 12 or equivalent<br><input type="checkbox"/> Year 11 or equivalent<br><input type="checkbox"/> Year 10 or equivalent<br><input type="checkbox"/> Year 9 or equivalent or below                                       |
| <b>❖ What is the level of the highest qualification the Adult A has completed?</b> (tick one)<br><input type="checkbox"/> Bachelor degree or above<br><input type="checkbox"/> Advanced diploma / Diploma<br><input type="checkbox"/> Certificate I to IV (including trade certificate)<br><input type="checkbox"/> No non-school qualification  |
| <b>❖ What is the occupation group of Adult A?</b> Please select the appropriate parental occupation group from the attached list.<br>• If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list.<br>• If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. |

### ADULT B DETAILS:

|  |
|--|
| <b>Sex (tick):</b> <input type="checkbox"/> Male <input type="checkbox"/> Female   |
| <b>Title:</b> (Ms, Mrs, Mr, Dr etc)  |
| <b>Legal Surname:</b>  |
| <b>Legal First Name:</b>   |
| <b>What is Adult B's occupation?</b>   |
| <b>Who is Adult B's employer?</b>  |
| <b>In which country was Adult B born?</b><br><input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):   |
| <b>❖ Does Adult B speak a language other than English at home?</b> (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)<br><input type="checkbox"/> No, English only<br><input type="checkbox"/> Yes (please specify):  |
| <b>Please indicate any additional languages spoken by Adult B:</b>   |
| <b>Is an interpreter required?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>❖ What is the highest year of primary or secondary school Adult B has completed?</b> (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)<br><input type="checkbox"/> Year 12 or equivalent<br><input type="checkbox"/> Year 11 or equivalent<br><input type="checkbox"/> Year 10 or equivalent<br><input type="checkbox"/> Year 9 or equivalent or below                                       |
| <b>❖ What is the level of the highest qualification the Adult B has completed?</b> (tick one)<br><input type="checkbox"/> Bachelor degree or above<br><input type="checkbox"/> Advanced diploma / Diploma<br><input type="checkbox"/> Certificate I to IV (including trade certificate)<br><input type="checkbox"/> No non-school qualification  |
| <b>❖ What is the occupation group of Adult B?</b> Please select the appropriate parental occupation group from the attached list.<br>• If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list.<br>• If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. |

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

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

## PRIMARY FAMILY CONTACT DETAILS

**ADULT A CONTACT DETAILS:****Business Hours:**

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

**After Hours:**

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

**ADULT B CONTACT DETAILS:****Business Hours:**

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

**After Hours:**

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

**PRIMARY FAMILY MAILING ADDRESS:**

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

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

**PRIMARY FAMILY DOCTOR DETAILS:**

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

**PRIMARY FAMILY EMERGENCY CONTACTS:**

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

**PRIMARY FAMILY BILLING ADDRESS:**

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

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

**OTHER PRIMARY FAMILY DETAILS**

|   |  |                                      |  |
|---|--|--------------------------------------|--|
| <b>Relationship of Adult A to Student:</b> (tick one) | <input type="checkbox"/> Parent        | <input type="checkbox"/> Step-Parent | <input type="checkbox"/> Adoptive Parent |
|   | <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Host Family | <input type="checkbox"/> Relative        |
|   | <input type="checkbox"/> Friend        | <input type="checkbox"/> Self        | <input type="checkbox"/> Other           |
| <b>Relationship of Adult B to Student:</b> (tick one) | <input type="checkbox"/> Parent        | <input type="checkbox"/> Step-Parent | <input type="checkbox"/> Adoptive Parent |
|   | <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Host Family | <input type="checkbox"/> Relative        |
|   | <input type="checkbox"/> Friend        | <input type="checkbox"/> Self        | <input type="checkbox"/> Other           |

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

|   |                                  |                                  |                                      |                                  |
|---|----------------------------------|----------------------------------|--------------------------------------|----------------------------------|
| <b>Send Correspondence addressed to:</b> (tick one) | <input type="checkbox"/> Adult A | <input type="checkbox"/> Adult B | <input type="checkbox"/> Both Adults | <input type="checkbox"/> Neither |
|---|----------------------------------|----------------------------------|--------------------------------------|----------------------------------|

**DEMOGRAPHIC DETAILS OF STUDENT**

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

# State Arranged Out of Home Care - Students who have been subject to protective intervention by the Department of 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.

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

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

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

## SCHOOL DETAILS

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

## CONDITIONAL ENROLMENT DETAILS

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

<http://www.education.vic.gov.au/school/principals/spag/participation/Pages/admission.aspx>.

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

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

**STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS**

|   |  |  |   |   |
|---|--|--|---|---|
| <b>Is the student at risk?</b>                            | <input type="checkbox"/> Yes   | <input type="checkbox"/> No  |   |   |
| <b>Is there an Access Alert for the student?</b> (tick)   | <input type="checkbox"/> Yes (If Yes, then complete the following questions and present a current copy of the document to the school.) | <input type="checkbox"/> No (If No, move to the immunisation / medical condition details questions.) |   |   |
| <b>Access Type:</b> (tick)                                | <input type="checkbox"/> Parenting Order   | <input type="checkbox"/> Parenting Plan  | <input type="checkbox"/> Intervention Order               | <input type="checkbox"/> Protection Order |
|   | <input type="checkbox"/> Informal Carer Stat Dec   | <input type="checkbox"/> DHHS Authorisation  | <input type="checkbox"/> Witness Protection Program Order | <input type="checkbox"/> Other            |
| <b>Describe any Access Restriction:</b>                   |  |  |   |   |
| <b>Is there an Activity Alert for the student?</b> (tick) | <input type="checkbox"/> Yes   | <input type="checkbox"/> No  |   |   |
| If Yes, then describe the Activity Restriction:           |  |  |   |   |

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|   |
|---|
| Current custody document placed on student file? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|

In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school; I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to: (cross out any unacceptable statement)

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

I give my consent for my child to participate in the school’s head lice inspection program for the duration of their schooling at this school.

I give permission for my child to take part in outings of a local nature, not including transport. Parents will still be advised of intended local excursions, and all Department of Education Regulations will be respected.

At various times throughout your child’s schooling, photographs and/or class work, (along with their first name only), may be included in some of our school publications, including the Bayswater North PS webpage and any media coverage that we use to promote Bayswater North Primary School in the wider community. I give permission for my child’s photo and/or class work, along with their first name to be used for such publicity purpose.

I give permission for the exchange of any reports and information about my child between the crèche/kindergarten and/or their previous school (if applicable) on the expectation that this information will be kept confidential.

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

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



## STUDENT MEDICAL DETAILS

### MEDICAL CONDITION DETAILS:

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

### ASTHMA MEDICAL CONDITION DETAILS:

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

|   |  |   |  |
|---|--|---|--|
| <b>Please indicate if the student suffers from any of the following symptoms: (tick)</b><br><input type="checkbox"/> Cough<br><input type="checkbox"/> Difficulty Breathing<br><input type="checkbox"/> Wheeze<br><input type="checkbox"/> Exhibits symptoms after exertion<br><input type="checkbox"/> Tight Chest |  | <b>If my child displays any of these symptoms please: (tick)</b><br>Inform Doctor <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Inform Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Other Medical Action <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please specify: |  |
| Has an Asthma Management Plan been provided to School?  |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Does the student take medication? (tick)  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Name of medication taken:   |  |
| Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick)   |  | <input type="checkbox"/> Preventative   | <input type="checkbox"/> Response  |
| Indicate the usual dosage of medication taken:  |  | Indicate how frequently the medication is taken:  |  |
| Medication is usually administered by: (tick)   |  | <input type="checkbox"/> Student  | <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other                       |
| Medication is stored: (tick)  |  | <input type="checkbox"/> with Student   | <input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere |
| Dosage time   | Reminder required? (tick)                                | <input type="checkbox"/> Yes <input type="checkbox"/> No  | Poison Rating  |

### OTHER MEDICAL CONDITIONS

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

|   |                              |                              |  |  |
|---|------------------------------|------------------------------|--|--|
| Does the student have any other medical condition? (tick)   |                              |                              | <input type="checkbox"/> Yes                     | <input type="checkbox"/> No  |
| If yes, please specify:   |                              |                              |  |  |
| Symptoms:   |                              |                              |  |  |
| <b>If my child displays any of the symptoms above please: (tick)</b>                                  |                              |                              |  |  |
| Inform Doctor   | <input type="checkbox"/> Yes | <input type="checkbox"/> No  | Inform Emergency Contact                         | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Administer Medication   | <input type="checkbox"/> Yes | <input type="checkbox"/> No  | Other Medical Action                             | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| If yes, please specify:   |                              |                              |  |  |
| Does the student take medication? (tick)  |                              |                              | <input type="checkbox"/> Yes                     | <input type="checkbox"/> No  |
| Name of medication taken:   |                              |                              |  |  |
| Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick) |                              |                              | <input type="checkbox"/> Preventative            | <input type="checkbox"/> Response  |
| Indicate the usual dosage of medication taken:  |                              |                              | Indicate how frequently the medication is taken: |  |
| Medication is usually administered by: (tick)   |                              |                              | <input type="checkbox"/> Student                 | <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other                       |
| Medication is stored: (tick)  |                              |                              | <input type="checkbox"/> with Student            | <input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere |
| Dosage time   | Reminder required? (tick)    | <input type="checkbox"/> Yes | <input type="checkbox"/> No                      | Poison Rating  |

## STUDENT DOCTOR DETAILS

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

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

## STUDENT EMERGENCY CONTACTS

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

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

# Information Technology – Internet Protocol

## Introduction

Bayswater North Primary School's computer facilities are provided to allow students and staff to access and use a variety of computer hardware, software and information sources, including the Internet and e-mail. These facilities are provided to further the Educational Goals of the school community, through access to unique resources and opportunities for collaborative work.

The responsibility for setting and conveying standards and dealing with inappropriate material is a joint responsibility with students, families and the school. Access to computer facilities and the Internet is conditional on students and staff complying with the Access Guidelines, Internet Protocol and Acceptable Use Policy. Internet and email access is a privilege – not a right as access involves responsibility.

## Use of Computers

Students will:

use the computers and associated hardware with care

not alter the configuration of the computers, add or remove any hardware

not add or remove any software without permission from the Information Technology Coordinator

## Use of the Internet

**Students are permitted to either access or publish on the internet only after they and their parents/guardians have signed the Internet Protocol**

### Publishing on the Internet

Students will only work on the sites that are relevant to their task and specified by the teacher. If they find themselves in an inappropriate site, they will immediately click the HOME button and call the teacher for help. Failure to do so will result in the removal of access to the internet and disciplinary action.

Prior to publication on the World Wide Web the classroom teacher will keep hard copies of all web pages.

Only the Information Technology Coordinator System Administrators will upload web pages onto the Internet

Follow teacher instructions regarding the use of the internet

Behave in a responsible and courteous manner when using the internet

Any video conferencing will be directly monitored by a member of staff

Information accessed through the internet may not be accurate. Every effort will be made to ensure children develop skills to assist them to validate information and access reputable internet sites.

## E-mail

Every attempt to monitor all incoming external e-mail that is not from another school prior to distribution will be made by the classroom teacher.

Students will only use first names on communications and not reveal their personal address or phone number.

Students will respect the privacy of others by not disclosing details of fellow students or read their emails

Students will ensure any email they send does not contain inappropriate language or information.

## Misuse

Use of the computer facilities and the Internet is a privilege, not a right. Inappropriate use including not following the Access Guidelines, Internet Protocol and Acceptable Use Policy, will result in the cancellation of access.

## Parent or Guardian's Declaration

**Child's Name:** .....

**Parent or Guardian's Name:** .....

**Date:** .....

I have read and discussed the Internet Protocol with my child and I understand that Internet access is designed for educational purposes at Bayswater North Primary School. I also recognize that although the school has monitoring procedures in place to restrict access to controversial materials this is not always possible.

(Parent or Guardian's Signature).....

**Please note: You may choose to give permission for some, all or none of the following. Please tick those items you wish to give permission for your child to participate in.**

## I give permission for my child to:

- access the Internet for information within their classroom program
- publish written work on the Internet using their first name only
  
- publish artwork on the Internet using their first name only
- appear, unnamed, in photographs on the Internet
- send and receive external e-mail from other school students
- send and receive external e-mail from other people and organizations as approved by their classroom teacher
- video conference with students in other classes at Bayswater North P.S.
- video conference with students at other schools

(Parent or Guardian's Signature).....

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## Student's Declaration Years 3 - 6

### When using the Internet at Bayswater North Primary School I will:

- only go to sites specified by my teacher
- not give out personal information such as my surname, address, telephone number, parents' work address/telephone number - or anybody else's personal details
- always have my teacher's permission before sending e-mail e.g. my picture, texts, file attachments
- not respond to any messages that are mean or in any way make me feel uncomfortable. It is not my fault if I get a message like that
- not send any messages that are mean or in any way make others feel uncomfortable.
- If I come across any information that is unsuitable or makes me feel uncomfortable I will turn the screen off and then tell my teacher right away.

### I have permission from my parent/s/guardian/s to:

- access the internet for information within my classroom program
- publish written work on the Internet using my first name only
- publish artwork on the Internet using my first name only
- appear, unnamed, in photographs on the Internet
- send and receive external e-mail from other school students
- send and receive external e-mail from other people and organizations as approved by my classroom teacher
- video conference with students in other classes at Bayswater North P.S.
- video conference with students at other schools.

I have read the Bayswater North Primary School Internet Protocol with my parent/s or guardian/s and discussed the content.

I understand that I need to use Bayswater North Primary School's computers in an appropriate manner and in accordance with the Internet Protocol. If I do not I will be banned from using the computer.

**Student's Name:**..... **Student's Signature:** .....

**Date:** .....

# PARENTAL OCCUPATION GROUP CODES

The codes outlined below are to be used when providing family occupation details for enrolled students. This information is used for determining funding allocations to schools.

## **GROUP A Senior management in large business organisation, government administration and defence, and qualified professionals**

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

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

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

**Defence Forces** Commissioned Officer

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

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

## **GROUP B Other business managers, arts/media/sportspersons and associate professionals**

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

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

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

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

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

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

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

## **GROUP C Tradesmen/women, clerks and skilled office, sales and service staff**

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

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

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

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

## **GROUP D Machine operators, hospitality staff, assistants, labourers and related workers**

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

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

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

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

**Labourers and related workers**

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

## **Group N**

- Has no reflection on your ability or qualifications but you are currently **not** in paid work.