

# Form to Enrol in a Victorian Government School

## Mirboo North Primary School

Student Enrolment Information – 2024	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
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If No, how many days a week would the student be attending this school?
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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 each parent/carer at different times
<input type="checkbox"/> Student lives with one parent/carer only	<input type="checkbox"/> State Arranged Out of Home Care*
<input type="checkbox"/> Informal care arrangement#	<input type="checkbox"/> Student is independent
<input type="checkbox"/> Homeless	
<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.

# 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 <i>(move to next section)</i>
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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

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

<b>❖ In which country was the student born?</b>		
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify): _____	
<b>If born overseas, on what date did the student arrive in Australia? (dd-mm-yyyy)</b>	____ / ____ / ____	
<b>What is the student's residency status? *</b>		
<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		
<b>Visa Sub Class:</b>	<b>Visa Expiry Date: (dd-mm-yyyy)</b>	____ / ____ / ____
<b>Visa Statistical Code: (Required for some sub-classes)</b>		

\* 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)

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

<b>International Student ID*: (Not required for exchange students)</b>
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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.

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

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

<b>Does the student have additional needs in any of the following areas?</b>	<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

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

\* 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

<b>Has the student previously been enrolled at another school?</b>	<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)

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

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

<b>Period of interruption to education:</b> (months/years)	<b>Is the student repeating a year level?</b>	<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?	<input type="checkbox"/> Yes, via Insight Assessment Platform	<input type="checkbox"/> Yes, direct from teacher/parent/carer	<input type="checkbox"/> No	<input type="checkbox"/> Pending
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Does the student have a Victorian Student Number (VSN)?		
<input type="checkbox"/> Yes, please specify: _____	<input type="checkbox"/> Yes, but the VSN is unknown	<input type="checkbox"/> 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?		

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 (please specify): _____	
❖ Does Adult 1 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 1:	
Is an interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

❖ 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.	
<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 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?		

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

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	

❖ 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 <i>(including trade certificate)</i>	<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

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

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 <i>(Neighbour, Relative, Friend or Other)</i>	Telephone Contact	Language Spoken <i>(Write E for English)</i>
1			
2			
3			
4			

## Correspondence Details

<b>Send correspondence addressed to:</b> <i>(select one)</i> <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).

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

\* 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:
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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?	<b>Occupational therapy:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<b>Speech pathology:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<b>Physiotherapy:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<b>Exercise physiology:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<b>Behaviour support:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<b>Other:</b>	<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)
<b>If Yes, please provide further detail:</b>	

## 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: _____
<b>Please provide further details of the Court Order or other access documents, and any other safety concerns:</b>			
<b>End Date</b> (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)
<b>If Yes, please provide further detail:</b> (e.g. sport, excursions)	

<b>OFFICE USE ONLY</b>	
<b>Current Court Order or other access document placed on student file?</b>	<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>	

OFFICE USE ONLY		
<b>Can the student Individual Education Plan include travel training?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Is the student attending their nearest school?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Does the student reside in Designated Transport Area (if attending special school)?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Can the student be accommodated on an existing route (if applicable)?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Pick-up Point:</b>	Map Ref:	Time AM:
<b>Set Down Point:</b>	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?		

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

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	

❖ 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 <i>(including trade certificate)</i>	<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: <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?		

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? <i>(e.g., School Council, excursions)</i>		
<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>		



# ASTHMA CARE PLAN FOR EDUCATION AND CARE SERVICES

**CONFIDENTIAL:** Staff are trained in Asthma First Aid (see overleaf) and can provide routine asthma medication as authorised in this care plan by the treating doctor. Please advise staff in writing of any changes to this plan.

To be completed by the treating doctor and parent/guardian, for supervising staff and emergency medical personnel.

PHOTO OF STUDENT  
(OPTIONAL)

PLEASE PRINT CLEARLY

Student's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Plan date

\_\_\_\_/\_\_\_\_/20\_\_\_\_

Review date

\_\_\_\_/\_\_\_\_/20\_\_\_\_

## MANAGING AN ASTHMA ATTACK

Staff are trained in Asthma First Aid (see overleaf). Please write down anything different this student might need if they have an asthma attack:

## DAILY ASTHMA MANAGEMENT

This student's usual asthma signs:

Frequency and severity:

Known triggers for this student's asthma (e.g. exercise\*, colds/flu, smoke) — please detail:

Cough

Daily/most days

Wheeze

Frequently (more than 5 x per year)

Difficulty breathing

Occasionally (less than 5 x per year)

Other (please describe):

Other (please describe)

Does this student usually tell an adult if s/he is having trouble breathing?

Yes

No

Does this student need help to take asthma medication?

Yes

No

Does this student use a mask with a spacer?

Yes

No

\*Does this student need a blue/grey reliever puffer medication before exercise?

Yes

No

## MEDICATION PLAN

If this student needs asthma medication, please detail below and make sure the medication and spacer/mask are supplied to staff.

NAME OF MEDICATION AND COLOUR	DOSE/NUMBER OF PUFFS	TIME REQUIRED

### DOCTOR

Name of doctor \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### PARENT/GUARDIAN

I have read, understood and agreed with this care plan and any attachments listed. I approve the release of this information to staff and emergency medical personnel. I will notify the staff in writing if there are any changes to these instructions. I understand staff will seek emergency medical help as needed and that I am responsible for payment of any emergency medical costs.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

For asthma information and support, or to speak with an Asthma Educator, call **1800 ASTHMA** (1800 278 462) or visit [asthma.org.au](http://asthma.org.au)



# ASTHMA ACTION PLAN

Take me when you visit your doctor



photo (optional)

Patient name:

Plan date:

Review date:

Doctor details:

## EMERGENCY CONTACT

Name:

Phone:

Relationship:



### WELL CONTROLLED is all of these...

- needing reliever medication no more than 2 days/week
- no asthma at night
- no asthma when I wake up
- can do all my activities

Peak Flow reading (if used) above

### TAKE preventer

name

day  / night  puffs/inhalations

- Use my preventer, even when well controlled
- Use my spacer with my puffer

### TAKE reliever

name

puffs/inhalations as needed  puffs/inhalations 15 minutes before exercise

- Always carry my reliever medication



### FLARE-UP is any of these...

- needing reliever medication more than usual OR  days/week
- woke up overnight with asthma
- had asthma when I woke up
- can't do all my activities

Peak Flow reading (if used) between  and

my triggers and symptoms

### TAKE preventer

name

day  / night  puffs/inhalations for  days then back to well controlled dose

### TAKE reliever

name   puffs/inhalations as needed

### START other medication

name  dose for  days

MAKE an appointment to see my doctor **this week**



### SEVERE is any of these...

- reliever medication not lasting 3 hours
- woke up frequently overnight with asthma
- had asthma when I woke up
- difficulty breathing

Peak Flow reading (if used) between  and

my triggers and symptoms

### TAKE preventer

name

day  / night  puffs/inhalations for  days then back to well controlled dose

### TAKE reliever

name   puffs/inhalations as needed

### START other medication

name  dose for  days

MAKE an appointment to see my doctor **TODAY**

- If unable to see my doctor, visit a hospital

If unable to see my doctor/hospital:

### START other medication

name  dose for  days



### EMERGENCY is any of these...

- reliever medication not working
- can't speak a full sentence
- extreme difficulty breathing
- feel asthma is out of control
- lips turning blue

Peak Flow reading (if used) below



### CALL AMBULANCE NOW

Dial Triple Zero (000)



### START ASTHMA FIRST AID

Turn page for Asthma First Aid

If you are using a dual purpose reliever, your doctor will discuss the correct plan for you. v15 Updated 28 November 2022

## School Bus Program

This leaflet will help explain the School Bus Program and assist you in determining your child's eligibility to travel on a school bus.

While parents/guardians are primarily responsible for getting their children to and from school, the School Bus Program assists families in rural and regional Victoria by transporting students to school. The School Bus Program services both government and non-government schools.

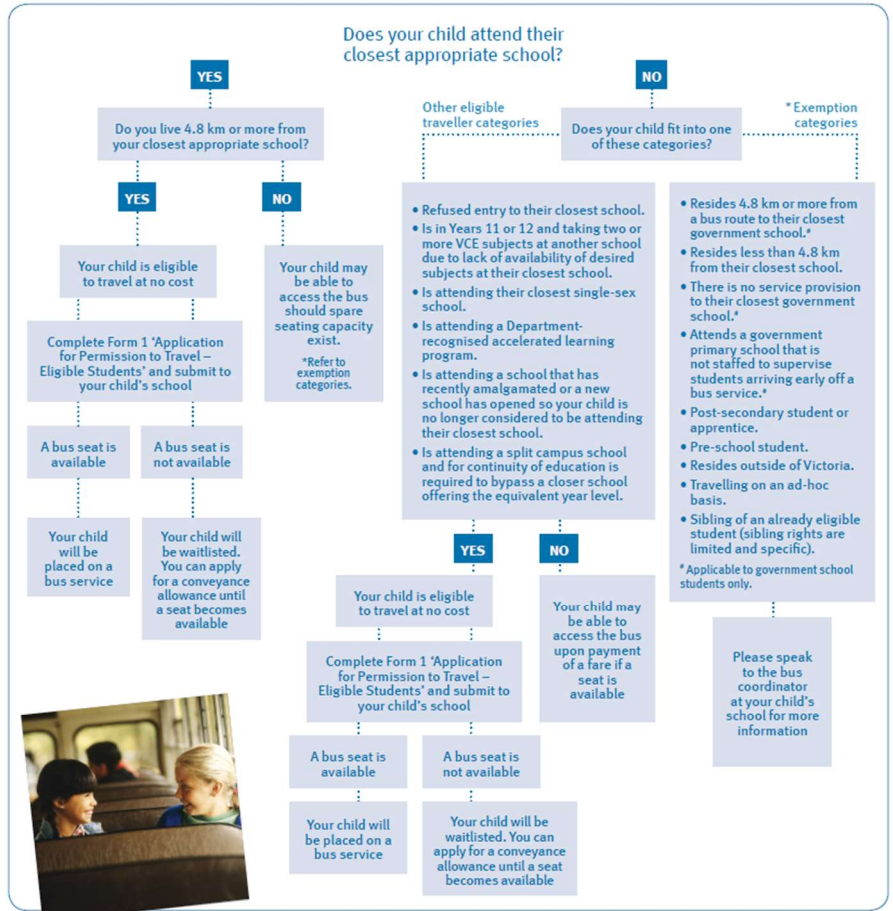
Categories of eligibility determine whether a student travels at no cost or travels upon the payment of a fare. Students wishing to access a seat on a bus must complete an application form and parents/guardians must agree to the conditions of travel including, if applicable, the payment of a fare.

Public Transport Victoria (PTV) administers the School Bus Program as directed by the policy. The Student Transport Unit of the Department of Education and Early Childhood Development (DEECD) sets the policy and provides general transport advice to regional offices and schools.

To be eligible for a seat on a bus at no cost a student must:

1. Attend their closest government school or closest appropriate non-government school, which is determined by the denomination of the school
2. Reside 4.8 km or more from the school
3. Reside in Victoria.

Students are expected to access public transport if it is within 1.6 km of their home or closer than their nearest school bus service.



### Notes

#### Closest government school or closest appropriate non-government school

- To be eligible for travel on a school bus at no cost, government students must attend their closest school while non-government students must attend their closest appropriate school, which is determined by the denomination of the school.
- Students not attending their closest school may be accommodated on a bus service as long as they pay a fare and seating capacity exists.
- Students must reside 4.8 km or more from the school. The distance is measured by the shortest practicable route from the student's front gate to the school's main entrance.

#### Non-government school students

- Eligible government students have priority over eligible non-government students when being accommodated on services.
- Non-government students may be accommodated where capacity exists.
- Non-government students on their own do not form a case for the establishment of a new school bus service or an extension to a route.

#### Exemptions

- The policy has some exemptions where a student may be granted access to a bus service at no cost. These exemptions are limited and specific.
- Exemptions are not granted on the basis of financial hardship.

#### Fare paying

- Government and non-government students not attending their closest appropriate school are required to pay a fare as set by PTV.
- A fare paying student may be required to relinquish their seat if the service is at capacity and an eligible non-fare paying student (government and non-government) wishes to access the service. The status of fare paying students is assessed each term.
- Parents/guardians must agree in writing that their child will travel as long as they pay a fare and seating capacity exists.
- Parents/guardians agree to make alternative travel arrangements should their child be required to relinquish their seat.
- Fare paying students do not form a case for service retention.

#### Conditions of travel and parental responsibilities

- Students and parents/guardians must agree to comply with the conditions of bus travel as stated on the back of all School Bus Program travel application forms.
- Parents/guardians understand that school bus travel is a privilege and not a right.

#### Special cases

- Families may apply for special consideration in complex and challenging transport circumstances (not including financial hardship). An application for special case consideration can be made through the school and requires DEECD regional endorsement and any documentation that supports the case.
- Speak to your school's bus coordinator for further information on special case consideration.

#### Emergency management

- In a forecast emergency school bus services will be cancelled if any part of the route is deemed at risk.
- A rapid onset emergency may result in service cancellations and buses being held at the school or if in transit, the buses returning to the school.
- Parents/guardians should familiarise themselves with the school's school bus emergency management plans.

#### Further information

Go to [www.education.vic.gov.au/travellingtoschool](http://www.education.vic.gov.au/travellingtoschool) for travel application forms and the School Bus Program's policy and procedures. For further assistance with your application, please contact the bus coordinator at the school your child will be attending.





# SCHOOL BUS PROGRAM

## Frequently asked questions



### **Who can travel on a school bus?**

The general rule is that students living 4.8km or more from, and attending their nearest appropriate school, are eligible to travel on a school bus service at no cost.

### ***I have been told my child can only catch a bus to their nearest school. Why can't I send my child to another school?***

You are free to send your child to any school at which they can be accommodated. However, under the **School Bus Programs policy**, only students living 4.8km or more and attending their nearest government school are eligible for travel at no cost. Students not attending their nearest school may be eligible to travel on a school bus subject to availability and upon payment of fees. Fare payer travel is on a term to term basis and may involve being added to a wait list until a seat becomes available.

### **Will my children be allocated to the same bus each term?**

Generally, yes.

As the Boolarra buses are at full capacity it is now necessary however to **load balance** between the three services.

### **If your child catches the bus at the Boolarra Primary School/PTV stop your child may be moved between the Boolarra South, Budgerie and Mirboo East bus from term to term.**

These students have the most flexibility to alternate between buses as all three Boolarra buses stop at BPS and the PTV stop at a similar time. This is necessary so that room can be made for new students needing an out of town pickup from a specific bus.

### **Will my children be on the same bus as each other?**

All efforts will be made to keep siblings together on the same bus. Priority will be given to keeping younger primary school siblings together as compared to secondary school siblings.

### ***I have concerns about my child getting to and from the bus stop. Is there anything the school can do?***

Under the conditions of travel parents are responsible for transporting their child to and from authorised bus stops and their safety while at the bus stop. Suitable bus stops can be located up to 4.8km from your address.

### **Do the buses travel during storms and bushfires?**

In forecast emergencies school bus services will be cancelled and bus drivers are required to enact their emergency management plans. A rapid onset emergency may result in service cancellations and buses being held at the school.

### **How do I apply for my child to catch the school bus?**

If you would like to request bus travel, please fill out and return the slip below with your enrolment forms. The Bus Coordinator will contact you in regards to providing a bus application.

✂-----

### **Return to: Bus Co-ordinator**

My child \_\_\_\_\_, requests travel by bus to and from MNPS in 2024.

Our address is \_\_\_\_\_

Best contact number is \_\_\_\_\_

**CAMPS, SPORTS AND EXCURSIONS FUND (CSEF) 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

\*Foster Parents must provide a copy of the temporary care order letter from the Department of Health and Human Services (DHHS).

**Student details**

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

I authorise the Department of Education and Training (DET) to use Centrelink Confirmation eServices to perform an enquiry of my Centrelink customer details and concession card status in order to enable the business to determine if I qualify for a concession, rebate or service. I also authorise the Australian Government Department of Human Services (DHS) to provide the results of that enquiry to DET.

I understand that:

- DHS will use information I have provided to DET to confirm my eligibility for the Camps, Sports and Excursions Fund and will disclose to DET 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 DHS and provide it to DET 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 DET.
- Information regarding my eligibility for the Camps, Sports and Excursions Fund may be disclosed to the Victorian Department of Health and Human Services and/or State Schools Relief for the purpose of evaluating concession card services or confirming eligibility for assistance.

You are able to 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## CSEF ELIGIBILITY

Below is 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/csef](http://www.education.vic.gov.au/csef)

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 17 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 18 years inclusive.

CSEF is not payable to students attending pre-school, kindergarten, home schooled, 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 the first day of either term one (29 January 2019) or term two (23 April 2019).

## 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: \$125 per year.
- Secondary school student rate: \$225 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/csef](http://www.education.vic.gov.au/csef)

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 2019 closes on 28 June, 2019.

CSEF payments cannot be claimed retrospectively for prior years.

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



# Mirboo North Primary School - Consent and Permission Form

STUDENTS NAME: \_\_\_\_\_

## ILLNESS OR INJURY AUTHORISATION

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:

- 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

YES

NO

## PERMISSION TO GO ON LOCAL WALKS

I give permission for my child to go on supervised local walks.

YES

NO

## ANALGESIC PERMISSION FORM

I give permission for our son/daughter to be given Paracetamol (Panadol) medication if required.

YES

NO

## CONSENT TO INSPECTION FOR HEAD LICE CHECK

Throughout the year, the school will be arranging hair checks in an effort to control the incidence of head lice among students. The management of head lice infestation works best when all are involved on our screening program. The school is aware that this can be a sensitive issue and is committed to maintaining student confidentiality and avoiding embarrassment or teasing. Please note the law requires that where a child has head lice, that child should not return to school until appropriate treatment has commenced.

YES

NO

## PERMISSION TO PUBLISH STUDENT WORK and/or PHOTOS

I give consent to publish photographs, recordings and or work of my son/daughter. Using the images and recordings in any media format for the purpose of **celebrating achievement and participation in the school program**. The above could include: The school website, School Facebook page, use in brochures, magazines, books, newsletters, pamphlets, posters, newspapers or other such promotional items.

YES

NO

## SCHOOL YARD SUPERVISION

I understand the schoolyard is supervised from 8:20am until 3:30pm and that the school cannot accept responsibility for children in the yard outside of these times.

YES

NO

\_\_\_\_\_ Please sign your name

\_\_\_\_\_ Please PRINT your name

\_\_\_\_\_ Date