

## Hazel Glen College

### Enrolment Documentation Checklist

To enable us to confirm your child's enrolment please ensure you provide the following:

	<p><b>Proof of Permanent Residential Address</b></p> <p>Any combination of the following documents is acceptable, as long as they add up to <b><u>at least 100 points</u></b> <i>(if you are unable to provide the documents listed, please contact our office to discuss):</i></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="width: 80%;">Documents must show the full names of the child's parent/guardian and address</th> <th style="width: 20%;">Points</th> </tr> </thead> <tbody> <tr> <td>1.1. Council rates notice <u>OR</u> 1.2. Lease agreement through a registered real estate agent or rental board bond receipt.</td> <td style="text-align: center;">40 each</td> </tr> <tr> <td>2.1. Centrelink payment statement showing home address <u>OR</u> 2.2. Electoral roll statement</td> <td style="text-align: center;">20 each</td> </tr> <tr> <td>3.1. Electricity or gas bill showing the service address <u>OR</u> 3.2. Water bill showing the service address <u>OR</u> 3.3. Telephone or internet bill showing the service address <u>OR</u> 3.4. Driver's licence or government issued ID showing current home address <u>OR</u> 3.5. Home building or contents insurance showing the service address <u>OR</u> 3.6. Motor vehicle registration or compulsory third party insurance policy showing your home address. <i>*Please note these documents must not be more than three (3) months old</i></td> <td style="text-align: center;">15 each</td> </tr> </tbody> </table>	Documents must show the full names of the child's parent/guardian and address	Points	1.1. Council rates notice <u>OR</u> 1.2. Lease agreement through a registered real estate agent or rental board bond receipt.	40 each	2.1. Centrelink payment statement showing home address <u>OR</u> 2.2. Electoral roll statement	20 each	3.1. Electricity or gas bill showing the service address <u>OR</u> 3.2. Water bill showing the service address <u>OR</u> 3.3. Telephone or internet bill showing the service address <u>OR</u> 3.4. Driver's licence or government issued ID showing current home address <u>OR</u> 3.5. Home building or contents insurance showing the service address <u>OR</u> 3.6. Motor vehicle registration or compulsory third party insurance policy showing your home address. <i>*Please note these documents must not be more than three (3) months old</i>	15 each
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	<p><b>Proof of Residency</b></p> <p>Proof of residency status being Student Visa or Bridging Visa <i>(any prior Visas must also be submitted)</i>, residency letters or other applicable documentation</p>								
	<p><b>Proof of Age</b></p> <p>Student's Birth Certificate or Passport</p>								
	<p><b>Immunisation Certificate</b></p> <p>When enrolling a child into school, parents/guardians must provide the child's Immunisation Status Certificate.</p>								
	<p><b>Hazel Glen College Form to Enrol</b></p> <p>To be completed by a Parent or Guardian and returned with:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Parental Consents</li> <li><input type="checkbox"/> Statement of Values – Declaration and Acknowledgement</li> </ul>								

Continued over page ...

	<p><b>School Reports/Assessments</b></p> <p>Having copies of your child's school reports such as semester and interim reports, as well as NAPLAN assessments will help us to determine where your child is at with their learning, and any areas they may need to be extended or further support.</p>
	<p><b>Specialist Assessments/Reports (if applicable)</b></p> <p>Having copies of your child's specialists reports and assessments will help us to determine any specific learning needs and provide strategies and recommendations to support your child at school. These may include reports such as Cognitive, Psychological, Speech, Occupational Therapists</p>
	<p><b>Medical Plans/Reports (if applicable)</b></p> <p>If your child has asthma or anaphylaxis, you need to provide current copies of their Asthma or Anaphylaxis Management Plans. Please also provide any other relevant medical reports or plans.</p>
	<p><b>At Risk Students</b></p> <p>Should it be applicable, please provide copies of any Court, Guardianship or other Orders, safety or risk management plans.</p>



## HAZEL GLEN COLLEGE ENROLMENT DETAILS

### STUDENT DETAILS

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

Which year are you seeking to enrol this student?	
<input type="checkbox"/> Foundation (Prep) <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 (dd-mm-yyyy): _____ / _____ / _____

### REASON FOR SEEKING ENROLMENT AT HAZEL GLEN COLLEGE:

<input type="checkbox"/> <b>Resident within Hazel Glen College School Zone</b> (Check Find my School – <a href="https://findmyschool.vic.gov.au/">findmyschool.vic.gov.au/</a> )
<input type="checkbox"/> <b>Alternate Consideration - Siblings Request</b> – List current HGC sibling name/s and year level: Name _____ Year Level _____ Name _____ Year Level _____
<input type="checkbox"/> <b>Alternate Consideration - Order of closeness</b>

### FURTHER SUPPORTING INFORMATION:

<p>If Hazel Glen College is not your designated neighbourhood school as defined by the Department's Placement Policy, please provide further information in support of your child's application. Please limit your response to the space provided:</p> <hr/> <hr/> <hr/> <hr/> <hr/>
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# Privacy Collection Notice

Information for students, parents and carers

The Department of Education (the department) values your privacy and is committed to protecting the personal and health information that schools collect.

All school staff must comply with Victorian privacy law and the [Schools' Privacy Policy](#). This notice explains how the department, including Victorian government schools (schools), handles personal and health information. On occasion, specific consent will be sought for the collection and use of information, for example, for a student to receive a health service. Our schools are also required by legislation, such as the *Education and Training Reform Act 2006*, to collect some of this information.

Throughout this notice, 'staff' includes principals, teachers, student support service officers, youth workers, social workers, nurses and any other allied health practitioners, and all other employees, contractors, volunteers and service providers of the school and the department.

On enrolment, and during the ordinary course of a student's attendance at a school, schools will collect information about students and their families for the following purposes:

- educating students
- supporting students' social and emotional wellbeing, and health
- fulfilling legal obligations, including duty of care, anti-discrimination law and occupational health and safety law
- communicating and engaging with parents
- student administration
- school management
- supporting policy in relation to student education and wellbeing.

If this information is not collected, schools may be unable to provide optimal education or support to students or fulfil legal obligations.

For example, our schools rely on parents to provide **health information** about any medical condition or disability that their child has, medication their child may take while at school, any known allergies and contact details of their child's doctor. If parents do not provide all relevant health information, this may put their child's health at risk.

Our schools also require current, relevant information about all **parents and carers** so that schools can take account of safety concerns that affect their children. Parents should provide schools with copies of all current parenting plans and court orders about or that affect their children and provide updated copies when they change.

When parents enrol their child in primary school, they will be asked to provide personal and health information in several ways, including via the Enrolment Form, the [School Entrance Health Questionnaire](#) (SEHQ) and the [Early Childhood Intervention Service](#) (ECIS) Transition Form.

The **Enrolment Form** is used to collect information that is essential for the purposes listed above, and requests information such as:

- **Emergency contacts** – Individuals parents nominate for a school to contact during an emergency. Parents should ensure that their nominated emergency contact agrees to their contact details being provided to the school and that they understand their details may be disclosed by the department if lawful, e.g. in the case of emergency communications relating to bush fires or floods.
- **Student background information** – Information about country of birth, Aboriginal or Torres Strait Islander origin, language spoken at home and parent occupation. This information enables the department to allocate appropriate resources to schools. The department also uses this information to plan for future educational needs in Victoria and shares some information with the Commonwealth government to monitor, plan and allocate resources.

- **Immunisation status** – This assists schools to manage health risks and legal obligations. The department may also provide this information to the Department of Health and Department of Families, Fairness and Housing to assess immunisation rates in Victoria, but not in a way which identifies students.
- **Visa status** – This is required to process a student's enrolment.

All schools may use departmental systems and online tools such as apps and other software to effectively collect and manage information about students and families for the purposes listed above.

When schools use these online tools, they take steps to ensure that student information is secure. If parents or carers have any concerns about the use of these online tools, please contact the school.

School staff will only share student and family information with other school staff who need to know to enable them to educate or support the student as described above. Information will only be shared outside the school (and outside the department) as required or authorised by law, including where sharing is required to meet duty of care, anti-discrimination, occupational health and safety, and child wellbeing and safety obligations. The information collected will not be disclosed beyond the school and department without parent consent unless such disclosure is lawful.

When a student transfers to another school (including Catholic, independent and interstate), personal and/or health information about that student may be transferred to the next school. Transferring this information is in the best interests of the student and assists the next school to provide the best possible education and support to the student. For further detail about how and what level of information is provided to the next school, refer to the: [Enrolment: Student transfers between schools](#)

Schools only provide school reports and ordinary school communications to students, parents, carers or others who have a legal right to that information. Requests for access to other student information or by others must be made by lodging a [Freedom of Information](#) (FOI) application.

To update student or family information, parents should contact their school.

For more information about how schools and the department collect and manage personal and health information, or how to access personal and health information held by a school about you or your child, refer to the: [Schools' Privacy Policy](#)

# Form to Enrol in a Victorian Government School

## HAZEL GLEN COLLEGE

Student Enrolment Information	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 your child.

**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: (if applicable)			
Preferred First Name: (if applicable)			
♦ Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Self-described: _____
Date of Birth: (dd-mm-yyyy)	____ / ____ / ____	Student Mobile Number: (if applicable)	
Intended start date:			
<input type="checkbox"/> Day 1, Term 1	<input type="checkbox"/> Other: (dd-mm-yyyy) ____ / ____ / ____		

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

## 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.

No. & Street Address:			
Suburb:			
State:		Postcode:	

<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>

## 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, permanent care and residential 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

## PARENT/CARER DETAILS (See "Attachment 2" for additional ie. separated families)

### Enrolling Adult 1

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

<b>Adult 1 Relationship to student:</b>	
<input type="checkbox"/> Parent	<input type="checkbox"/> Step Parent
<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative
<input type="checkbox"/> Self (adult student / mature minor)	<input type="checkbox"/> Friend
<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Other: _____
<b>Student lives with Adult 1:</b>	
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly
<input type="checkbox"/> Balanced (50%)	<input type="checkbox"/> Occasionally

<b>No. &amp; Street Address:</b>	
<b>Suburb:</b>	
<b>State:</b>	<b>Postcode</b>

### Enrolling Adult 2

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

<b>Adult 2 Relationship to student:</b>	
<input type="checkbox"/> Parent	<input type="checkbox"/> Relative
<input type="checkbox"/> Host Family	<input type="checkbox"/> Friend
<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Step Parent	
<b>Student lives with Adult 2:</b>	
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly
<input type="checkbox"/> Balanced (50%)	<input type="checkbox"/> Occasionally

<b>Address is the same as Enrolling Adult 1</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No (complete below)
<b>No. &amp; Street Address:</b>	
<b>Suburb:</b>	
<b>State:</b>	<b>Postcode</b>



<b>Adult 1 Job Title:</b>	
<b>Adult 1 Employer:</b>	

<b>In which country was Adult 1 born?</b>
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): _____

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

<b>❖What is the highest year of primary or secondary school that Adult 1 has completed?</b>	
<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
<b>❖What is the level of the highest qualification that Adult 1 has completed?</b>	
<input type="checkbox"/> Bachelor degree or above  <input type="checkbox"/> Certificate I to IV (including trade certificate)	<input type="checkbox"/> Advanced diploma / Diploma  <input type="checkbox"/> No non-school qualification
<b>❖What is the occupation group of Adult 1?</b> 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>	

<b>What is the main language spoken between the student and adult at home?</b>	
<b>Preferred language of communications:</b>	
<b>Is Adult 1 interested in being involved in school group participation activities?</b> (e.g., School Council, excursions)	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Adult 2 Job Title:</b>	
<b>Adult 2 Employer:</b>	

<b>In which country was Adult 2 born?</b>
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): _____

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

<b>❖What is the highest year of primary or secondary school that Adult 2 has completed?</b>	
<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
<b>❖What is the level of the highest qualification that Adult 2 has completed?</b>	
<input type="checkbox"/> Bachelor degree or above  <input type="checkbox"/> Certificate I to IV (including trade certificate)	<input type="checkbox"/> Advanced diploma / Diploma  <input type="checkbox"/> No non-school qualification
<b>❖What is the occupation group of Adult 2?</b> 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>	

<b>What is the main language spoken between the student and adult at home?</b>	
<b>Preferred language of communications:</b>	
<b>Is Adult 2 interested in being involved in school group participation activities?</b> (e.g., School Council, excursions)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

### Emergency Contacts (This is for additional emergency contacts, not enrolling adults)

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 (please specify)</i>	Telephone Contact	Language Spoken <i>Write E for English</i>
1			
2			
3			
4			

### Billing Details

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

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

\* Note: If you would like to send bills to another person / address, please ensure Additional Parent/Carer details are completed on pages 13-15.

### Correspondence Details

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

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

If yes, please complete the Adult 3 and/or Adult 4 sections as Attachment 2 to this form. 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.

## STUDENT DEMOGRAPHICS

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

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

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

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

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

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

**What are the student's living arrangements?**

- ☐ Student lives with parents/carers together at the same residence
- ☐ Student lives with each parent/carer at different times
- ☐ Student lives with one parent/carer only
- ☐ State Arranged Out of Home Care\*
- ☐ Informal care arrangement<sup>#</sup>
- ☐ Student is independent
- ☐ Homeless

**If the student has a Case Manager, please provide their contact details below:**

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

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

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

**How will the student primarily travel to and from school?**

- ☐ Walking    ☐ School Bus    ☐ Train    ☐ Driven by parent/carer    ☐ Taxi / Ride Share
- ☐ Bicycle    ☐ Public Bus    ☐ Tram    ☐ Self-Driven    ☐ Other: \_\_\_\_\_

**If the student catches public transport to school, what station/stop does their journey commence:****If the student drives themselves to school, what is their Car Registration Number:**

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.

## SCHOOL DETAILS

**Are you seeking to enrol the student at this school full-time?** ☐ Yes (move to next section) ☐ No

**If No, how many days a week would the student be attending this school?**

**If No, provide reason you are seeking part-time enrolment:**

**If No, provide details for other schools:**

<b>Other school name:</b>	<b>Days / week:</b>	<b>Has enrolment been accepted?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Other school name:</b>	<b>Days / week:</b>	<b>Has enrolment been accepted?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

**Is the student attending a funded kindergarten program\* in the year before Foundation?** ☐ Yes ☐ No

**Name of kindergarten or early childhood service:**

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

## Previous Education – Other

**Has the student previously been enrolled at another school?**

☐ Yes, in Victoria – Government School    ☐ Yes, in Victoria – Catholic or Independent School

☐ Yes, interstate    ☐ Yes, overseas    ☐ No (move to next section)

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

  

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

  

<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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## STUDENT MEDICAL DETAILS

Schools require the health information requested in this section to plan for and support the health and wellbeing needs of students.

**Please note:** 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.

### Medical Conditions

<b>Does the student have an allergy?</b> If yes, please provide the school with an ASCIA Action Plan for Allergies (available at: <a href="http://www.allergy.org.au/hp/ascia-plans-action-and-treatment#r2a">www.allergy.org.au/hp/ascia-plans-action-and-treatment#r2a</a> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is the student at risk of anaphylaxis?</b> If yes, please provide the school with an ASCIA Action Plan for Anaphylaxis (available at: <a href="http://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis">www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis</a> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does the student have asthma?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Has a current Asthma Action Plan been provided to School?</b> If No, please provide an Asthma Action Plan to the School (available at: <a href="http://www.asthma.org.au/treatment-diagnosis/asthma-action-plan/">www.asthma.org.au/treatment-diagnosis/asthma-action-plan/</a> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does the student have any other medical condition or other relevant medical assessment that the school needs to know about?</b> If Yes, please ask the school for the appropriate <u>medical advice form</u> , to be completed by the treating medical practitioner and returned to school.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes to <u>any of the above</u> , please specify:	

### Medication

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

## Student Doctor

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

## ADDITIONAL LEARNING AND SUPPORT NEEDS

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

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

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

Please indicate any adjustments that may assist the student to participate at school:

## Allied Health Support

Has the student previously accessed support from an allied health professional?		
<b>Occupational therapy:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Name and contact details:</b> 	<b>Exercise physiology</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Name and contact details:</b> 	<b>Speech pathology</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Name and contact details:</b> 
<b>Physiotherapy</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Name and contact details:</b> 	<b>Behaviour support</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Name and contact details:</b> 	<b>Other</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Name and contact details:</b> 

## STUDENT SAFETY, ACCESS AND SPECIAL CIRCUMSTANCES

### Student Risk

The Department of Education has a responsibility to assess and manage risk of harm to its staff and students. By providing information about your child, you will help facilitate their transition to school and ensure their safety. This may involve preparing a behaviour management plan or other appropriate strategies to meet the particular needs of the student.

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?
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(move to the next section)</i>
<b>If Yes, please provide further detail:</b> 

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

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

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): <i>(dd-mm-yyyy)</i>			

## Activity Restrictions and Considerations

Are there any activities (organised by the school and/or third parties) that the student cannot participate in?

☐ Yes

☐ No *(move to the next section)*

If Yes, please provide further detail: (e.g. sport, excursions)



### 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 1: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of Enrolling Adult 2 (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 1 – 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 / refugee / 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 2 – ADDITIONAL PARENT/CARER DETAILS

### Enrolling Adult 3

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

<b>Adult 3 Relationship to student:</b>	
<input type="checkbox"/> Parent	<input type="checkbox"/> Relative
<input type="checkbox"/> Host Family	<input type="checkbox"/> Friend
<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Step Parent	
<b>Student lives with Adult 3:</b>	
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly
<input type="checkbox"/> Balanced (50%)	<input type="checkbox"/> Occasionally

<b>No. &amp; Street Address:</b>		
<b>Suburb:</b>		
<b>State:</b>		<b>Postcode</b>

<b>Adult 3 Job Title:</b>	
<b>Adult 3 Employer:</b>	

<b>In which country was Adult 3 born?</b>
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): _____

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

### Enrolling Adult 4

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

<b>Adult 4 Relationship to student:</b>	
<input type="checkbox"/> Parent	<input type="checkbox"/> Relative
<input type="checkbox"/> Host Family	<input type="checkbox"/> Friend
<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Step Parent	
<b>Student lives with Adult 4:</b>	
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly
<input type="checkbox"/> Balanced (50%)	<input type="checkbox"/> Occasionally

<b>Address is the same as Enrolling Adult 3</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No (complete below)
<b>No. &amp; Street Address:</b>	
<b>Suburb:</b>	
<b>State:</b>	<b>Postcode</b>

<b>Adult 4 Job Title:</b>	
<b>Adult 4 Employer:</b>	

<b>In which country was Adult 4 born?</b>
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): _____

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

<b>❖ What is the highest year of primary or secondary school that Adult 3 has completed?</b>	
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 11 or equivalent
<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 9 or equivalent or below / no schooling
<b>❖ What is the level of the highest qualification that Adult 3 has completed?</b>	
<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
<b>❖ What is the occupation group of Adult 3?</b> 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>	

<b>❖ What is the highest year of primary or secondary school that Adult 4 has completed?</b>	
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 11 or equivalent
<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 9 or equivalent or below / no schooling
<b>❖ What is the level of the highest qualification that Adult 4 has completed?</b>	
<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
<b>❖ What is the occupation group of Adult 4?</b> 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>	

What is the main language spoken between the student and adult at home?	
Preferred language of communications:	
Is Adult 3 interested in being involved in school group participation activities? (e.g., School Council, excursions)	<input type="checkbox"/> Yes <input type="checkbox"/> No

What is the main language spoken between the student and adult at home?	
Preferred language of communications:	
Is Adult 4 interested in being involved in school group participation activities? (e.g., School Council, excursions)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

## 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 3	<input type="checkbox"/> Adult 4	<input type="checkbox"/> Another person / address* (complete details below)
<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 13-14.

## Correspondence Details

<b>Send correspondence addressed to:</b> <i>(select one)</i>	<input type="checkbox"/> Adult 3	<input type="checkbox"/> Adult 4	<input type="checkbox"/> Both Adults	<input type="checkbox"/> Neither
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## ATTACHMENT 3 - TRAVEL ASSISTANCE AND PROGRAMS

### 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.

#### Is the student applying for the Conveyance Allowance Program?

☐ Yes

☐ No (*proceed to next question*)

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: [www.education.vic.gov.au/pal/conveyance-allowance/policy](http://www.education.vic.gov.au/pal/conveyance-allowance/policy)

### 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.

#### Is the student applying for the School Bus Program?

☐ Yes (see text below)

☐ No (*proceed to next question*)

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: [www.education.vic.gov.au/pal/school-bus-program/policy](http://www.education.vic.gov.au/pal/school-bus-program/policy)

### Students with Disabilities Transport Program

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

#### Is the student applying to travel on a school bus or other travel assistance?

☐ Yes (read below text)

☐ No

Your school can provide the relevant application form and advice on travel suitability. For further information, including the Students with Disabilities Transport Program policy, refer to the Department's PAL here: [www.education.vic.gov.au/pal/transport-students-disabilities/policy](http://www.education.vic.gov.au/pal/transport-students-disabilities/policy)

#### First date of travel?

☐ Next school year

☐ Alternate date: (dd-mm-yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### Type of travel assistance requested?

☐ Access to School Bus

☐ Conveyance Allowance

#### If applicable, specify the student's mode of assisted mobility.

☐ Wheelchair

☐ Walker

#### Comments relevant to travel:

OFFICE USE ONLY				
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		

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

☐ Yes, please specify: \_\_\_\_\_      ☐ Yes, but the VSN is unknown      ☐ No, the student has never been issued a VSN

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

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

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

# PARENTAL CONSENTS

Student Full Name: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

## Medical and First Aid

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

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

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

## Head Lice Inspection

Throughout the year, the school will be arranging head lice inspections of students when it is felt necessary in a particular class, year level or even the entire College.

The management of head lice infestation works best when all children are involved in our screening program. The school is aware that this can be a sensitive issue and is committed to maintaining student confidentiality and avoiding stigmatisation.

Before any inspections are conducted, staff will explain to all students what is being done and why, and it will be emphasised to students that the presence of head lice in their hair does not mean that their hair is less clean or well-kept than anyone else's. It will also be pointed out that head lice can be itchy and annoying and if they know they have them, they can do something about it.

The inspection of students will be conducted by a school staff member who has been trained by Whittlesea City Council or Whittlesea City Council nurses. The person conducting the inspections will physically search through each student's hair to see if any lice or eggs are present.

In cases where head lice are found, the person inspecting the student's hair will inform the student's class teacher and the principal. The College will send a written notice home with the child and provide parents with comprehensive advice about the use of safe treatment practices which do not place children's health at risk.

Please note that health regulations require that where a child has head lice, that child should not return to school until appropriate treatment has commenced.

I hereby give consent for my child to participate in the school's head lice inspection program for the duration of their schooling at Hazel Glen College.

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

## Local Excursions

At various times throughout the year teachers may wish to take their class on a local excursion which will neither incur expense nor necessitate travelling by bus, e.g. visits to the shopping centre, nearby parklands or local sporting facilities.

I give permission for my child to participate in local excursions and organised activities outside the school grounds for the duration of my child's schooling at Hazel Glen College.

"I authorise the teacher in charge of the excursion to consent where it is impracticable to communicate with me to my child receiving such medical or surgical treatment as may be deemed necessary and to bear any costs involved".

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



## **Publication of Student's Photograph**

As part of the school's promotion, photographs and videos are frequently taken of our students engaged in a variety of class and outdoor activities. These photographs and videos may be used for publicity purposes, blogs/wikis and social media etc.

We would appreciate it if you would consent to any photographs and videos taken of your child being used for these purposes **(please tick for consent or leave blank if you do not consent)**:

☐ I consent to the use of images of my child **within the physical school environment** (e.g. in displays of student work, on noticeboards to celebrate achievements and on teaching and learning tools displayed around the school etc)

☐ I consent to the use of images of my child **within the school community** (e.g. in the school's online communication, learning and teaching tools such as Compass, Google Classroom or SeeSaw etc, that can only be accessed by students, parents/carers and school staff with passwords)

☐ I consent to the use of images of my child **beyond the school community/publicly** (e.g. the school's website, including newsletters and social media accounts)

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

## **Family Email Information**

Following advice from the Department of Education and Training, the College now has the ability to email Cases21 Reports e.g. family statements. In order for the College to send reports/statements by email please complete the below details.

STATEMENT OF INTENDED PURPOSE: The email and any attachments will be confidential and will be intended solely for the information of the individual to whom it is addressed.

Yes, I agree to receive my Cases21 reports/statements via email.

Parent/Guardian Name: \_\_\_\_\_ Signature \_\_\_\_\_

Email Address: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## **College Policies and Procedures**

As a parent/guardian of a student attending Hazel Glen College I will support all approved College policies and those policies as set down by DET.

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

*Thank you for taking the time to complete this Student Permissions form. We understand that the information you have provided is confidential and will be treated as such, but the details are required to enable staff to properly enrol your child at our College.*

## Statement of Values Declaration and Acknowledgement

We recognise that our success as a college is built on the shared responsibility we have for students, staff, families and our College community, and the commitment we make in ensuring that the partnerships between schools and families support student learning, engagement and wellbeing.

As a member of our College community, we all have a responsibility for ensuring that our own behaviour reflects the principles of our College's Statement of Values; that we all model positive behaviour, comply with our College values, behave in a safe and responsible manner and support college staff to maintain a safe and orderly learning environment at all times.

Behaviours that are inconsistent with these values and that do not uphold the principles of the Statement of Values will not be accepted.

When joining our community, whether as a parent, student or staff member, it is an expectation that you read the Statement of Values, understand what your responsibilities are as a member of our College community, and are aware of the consequences of any behaviour deemed in breach of these values.

By completing and signing the below, you acknowledge that you have read our College's Statement of Values and agree to uphold all of the principles contained within it. By agreeing to meet and uphold these values, everyone in our College community can be assured that they will be treated with fairness and respect. In turn, this will help to create a college environment and culture that is safe and orderly, where everyone is empowered to participate and learn.

Thank you for your support.

Kind regards,



Anthony Stockwell  
College Principal

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I acknowledge that I have read Hazel Glen College's Statement of Values and understand my responsibilities as a member of the College community to uphold all of the principles contained within it, and the consequences of any behaviour deemed inappropriate and that do not reflect the Statement of Values.

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date : \_\_\_\_\_

Date : \_\_\_\_\_

## STATEMENT OF VALUES

### *PROMOTING HEALTHY, SAFE AND RESPECTFUL SCHOOL COMMUNITIES*

Hazel Glen College recognises the importance of the partnership between schools and parents to support student learning, engagement and wellbeing. We share a commitment to, and a responsibility for, ensuring inclusive, safe and orderly environments for children and young people.

This Statement of Values sets out our behavioural expectations of all members in this College community, including the principal, all College staff, parents, students and visitors. It respects the diversity of individuals in our College community and addresses the shared responsibilities of all members in building safe and respectful school communities.

Discrimination, sexual and other forms of harassment, bullying, violence, aggression and threatening behaviour are unacceptable and will not be tolerated in this College.

Our Statement of Values acknowledges that parents and College staff are strongly motivated to do their best for every child. Everyone has the right to differing opinions and views and to raise concerns, as long as we do this respectfully as a community working together.

### **RESPONSIBILITIES**

#### **AS PRINCIPALS AND COLLEGE LEADERS, WE WILL:**

- Work collaboratively to create a College environment where respectful and safe conduct is expected of everyone.
- Behave in a manner consistent with the standards of our profession and meet core responsibilities to provide inclusive, safe and orderly environments.
- Plan, implement and monitor arrangements to ensure the care, safety, security and general wellbeing of all students in attendance at the College is protected.
- Identify and support students who are or may be at risk.
- Do our best to ensure every child achieves their personal and learning potential.
- Work with parents to understand their child's needs and, where necessary, adapt the learning environment accordingly.
- Respond appropriately when inclusive, safe or orderly behaviour is not demonstrated and implement appropriate interventions and sanctions when required.
- Make known to parents the College's communication and complaints procedures.
- Ask any person who is acting in an offensive or disorderly way to leave the College grounds.

#### **AS TEACHERS AND ALL NON-TEACHING STAFF, WE WILL:**

- Model positive behaviour to students consistent with the standards of our profession.
- Proactively engage with parents about student outcomes.
- Work with parents to understand the needs of each student and, where necessary, adapt the learning environment accordingly.
- Work collaboratively with parents to improve learning and wellbeing outcomes for students with additional needs.
- Communicate with the principal and College leaders in the event we anticipate or face any tension or challenging behaviours from parents.
- Treat all members of the College community with respect.

#### **AS PARENTS, WE WILL:**

- Model positive behaviour to our child.
- Ensure our child attends Hazel Glen College on time on all days required as part of their VET course.
- Take an interest in our child's College and learning.
- Work with the College to achieve the best outcomes for our child.

- Communicate constructively with the College and use expected processes and protocols when raising concerns.
- Support College staff to maintain a safe learning environment for all students.
- Treat all College leaders, staff, students, and other members of the College community with respect.

#### **AS STUDENTS, WE WILL:**

- Model positive behaviour to other students.
- Comply with and model College values.
- Behave in a safe and responsible manner.
- Respect ourselves, other members of the College community and the College environment.
- Actively participate in the College.
- Not disrupt the learning of others and make the most of our educational opportunities.

#### **AS COMMUNITY MEMBERS, WE WILL:**

- Model positive behaviour to the College community.
- Treat other members of the College community with respect.
- Support College staff to maintain a safe and orderly learning environment for all students.
- Utilise the College's communications policy to communicate with the College.

#### **THE DEPARTMENT OF EDUCATION AND EARLY CHILDHOOD DEVELOPMENT WILL:**

- Provide support and advice to principals to equip them to manage and respond to challenging behaviour of students, parents and staff.
- Provide practical guidance and resources to support schools to manage and respond to challenging behaviour of students, parents and staff.
- Provide practical guidance and resources to support schools respond to and prevent bullying and promote cyber-safety and wellbeing.
- Provide access to evidence based resources and strategies to increase student safety, wellbeing and engagement.
- Provide schools with practical and legal support as required.
- Provide parents with practical guidance and resources to resolve conflicts with the school.

### **CONSEQUENCES FOR FAILING TO UPHOLD THE STATEMENT OF VALUES**

#### **UNREASONABLE BEHAVIOURS**

Behaviours that are considered inappropriate on and adjacent to College grounds or in relation to College business and that do not uphold the principles of this Statement of Values include when a person:

- is rude, aggressive or harasses others
- sends rude, confronting or threatening letters, emails or text messages
- is manipulative or threatening
- speaks in an aggressive tone, either in person or over the telephone
- makes sexist, racist or derogatory comments
- inappropriately uses social media as a forum to raise concerns/make complaints against the College
- is physically intimidating, e.g. standing very close
- videos, photographs, or records College students and/or staff in any way.

#### **CONSEQUENCES**

Principals are responsible for determining what constitutes reasonable and unreasonable behaviour.

Unreasonable behaviour and/or failure to uphold the principles of this Statement of Values may lead to further investigation and the implementation of appropriate consequences. This may include:

- utilising mediation and counselling services
- alternative communication strategies being applied
- formal notice preventing entry onto College premises or attendance at College activities. Written notice will follow any verbal notice given.
- an intervention order being sought
- informing the police which may result in a charge of trespass or assault

By agreeing to meet specified standards of positive behaviour, everyone in our College community can be assured that they will be treated with fairness and respect. In turn, this will help to create a College that is safe and orderly, where everyone is empowered to participate and learn.

## CONFIDENTIAL

### TRANSITION FORM – PREP PARENTS

This information is given directly to your child's teacher and gives them a more comprehensive and personal understanding of your child's needs in the classroom.

#### STUDENT DETAILS

Child's Name: ..... M / F Preferred Name: .....

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Right Handed: ☐ Left Handed:

#### FAMILY DETAILS

Parents Name/s: .....

Contact Phone Number: .....

Country of Birth: ..... Date of Arrival in Australia: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential Status : ☐ Permanent Resident ☐ Temporary Resident ☐ Visa Number.....

Languages spoken at home: ☐ English ☐ Other ☐ Please Specify.....

Number of children in the family: ..... Place in the family: .....

Siblings attending Hazel Glen College & their Year Level Currently: .....

#### MEDICAL DETAILS

Does your child have any of the following (please circle):

Aggression	Autism	Poor Hearing
Allergies	Clumsiness	Poor Vision
Anaphylaxis	Fine Motor Issues	Over-Active Tendencies
Anxiety	Frequent Illness	Asthma
Gross Motor Issues	Speech Issues	Auditory Processing Issues

Other (please specify):.....

Diagnosed Cognitive, Physical, Social or Emotional Needs:.....

#### KINDERGARTEN / PRE-SCHOOL / CHILDCARE DETAILS

Name of Kinder:.....

Name of Session / Group:.....

Name of Teacher:.....

I give permission for Hazel Glen transition staff to contact my child's kindergarten YES / NO

'Friendship preferences are important to us when considering 2026 class placements. At the beginning of Term 4 a survey will be sent out to all enrolled families to select 4 preferences. This survey will also provide questions for the school to gather further information about your child to support them in their transition to school'

Parent/Guardian Name:.....Signed:.....Date:.....