



PRIMARY SCHOOL PRIVACY NOTICE

Information about the Enrolment Form Please Read This Notice Before Completing The Enrolment Form

This confidential enrolment form asks for personal information about your child as well as family members and others that provide care for your child. The main purpose for collecting this information is so that Marong PS can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Marong PS and the Department of Education & Early Childhood Development are required by law to protect the information provided by this enrolment form.

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

Marong PS requires information about all parents, guardians or carers so that we can take account of family arrangements. Family Court Orders setting out any access restrictions and parenting plans should be made available to Marong PS. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Principal, Russell Jeffrey, if you would like to discuss, in strict confidence, any matters relating to family arrangements.

Emergency Contacts

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

Student Background Information

This includes information about a person's country of birth, aboriginality, language spoken at home and parent occupation. This information is collected so that Marong PS receives appropriate resource allocations for their students. It is also used by the Department to plan for future educational needs in Victoria. Some information is sent to Commonwealth government agencies for monitoring, planning and resource allocation. All of this information is kept strictly confidential and the Department will not otherwise disclose the information to others without your consent or as required by law.

Immunisation status

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

Visa status

This information is required to enable Marong PS to process your child's enrolment.

UPDATING YOUR CHILD'S RECORDS

Please let Marong PS know if any information needs to be changed by sending updated information to the school office. Please contact Marong PS on 03 352 288 or by email: Marong.ps@edumail.vic.gov.au to update any information. During your child's time with Marong PS we will also send you copies of enrolment information held by us. Please use this opportunity to let us know of any changes.

ACCESS TO YOUR CHILD'S RECORD HELD BY SCHOOL

In most circumstances, you can access your child's records. Please contact the Principal to arrange this. Sometimes access to certain information, such as information provided by someone else, may require a Freedom of Information request. We will advise you if this is required and tell you how you can do this.

If you have any concerns about the confidentiality of this information please contact the Principal. Marong PS can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form. The Marong Primary School privacy policy is available upon request.

MARONG PRIMARY SCHOOL

STUDENT ENROLMENT INFORMATION – 2023__

Computer Generated Student ID: _____

STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

Surname:		Title: (Miss Ms, Mrs, Mx, Mr)	
First Given Name:			
Second Given Name:			
Preferred Name (if applicable):			
<input checked="" type="checkbox"/> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____ (fill in blank)			
Student Mobile Number:		Birth Date: (dd-mm-yyyy)	___ / ___ / ___

PRIMARY FAMILY HOME ADDRESS:

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

OFFICE USE ONLY

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

FAMILY DETAILS

List any other family members attending this school:

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

PRIMARY FAMILY DETAILS

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

ADULT A DETAILS (PRIMARY CARER):

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

ADULT B DETAILS:

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

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

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

PRIMARY FAMILY CONTACT DETAILS

ADULT A CONTACT DETAILS:

Business Hours:

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

ADULT B CONTACT DETAILS:

Business Hours:

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

After Hours:

Is Adult A usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		
Mobile No:		
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult A's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)		
<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Facsimile		
Email address:		
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fax Number:		

After Hours:

Is Adult B usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		
Mobile No:		
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult B's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)		
<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Facsimile		
Email address:		
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fax Number:		

PRIMARY FAMILY MAILING ADDRESS:

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

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

PRIMARY FAMILY DOCTOR DETAILS:

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

PRIMARY FAMILY EMERGENCY CONTACTS:

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

PRIMARY FAMILY BILLING ADDRESS:

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

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

OTHER PRIMARY FAMILY DETAILS

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

The student lives with the Primary Family: (tick one)

☐ Always
☐ Mostly
☐ Balanced
☐ Occasionally
☐ Never

Send Correspondence addressed to: (tick one)
☐ Adult A
☐ Adult B
☐ Both Adults
☐ Neither

DEMOGRAPHIC DETAILS OF STUDENT

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

State Arranged Out of Home Care - Students who have been subject to protective intervention by the Department of Health and Human Services and live in alternative care arrangements away from their parents. These DHHS-facilitated care arrangements include living with relatives or friends (kith and kin), living with non-relative families (foster families or adolescent community placements) and living in residential care units with rostered care staff.

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

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

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

SCHOOL DETAILS

Date of first enrolment in an Australian School: ____ / ____ / ____			
Name of previous School:			
Years of previous education:		What was the language of the student's previous education?	
Does the student have a Victorian Student Number (VSN)? <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Yes. Please specify: <div style="display: flex; gap: 5px;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> </div> <div> <input type="checkbox"/> Yes, but the VSN is unknown </div> <div> <input type="checkbox"/> No. The student has never been issued a VSN. </div> </div>			
Years of interruption to education:		Is the student repeating a year? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the student be attending this school full time? (tick)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, what will be the time fraction that the student will be attending this school? (i.e: 0.8 = 4 days/week)			
Other school Name:	Time fraction:	0.	Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other school Name:	Time fraction:	0.	Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No

CONDITIONAL ENROLMENT DETAILS

In some circumstances a child may be enrolled conditionally, particularly if the required enrolment documentation to determine the shared parental responsibility arrangements for a child is not provided. Please refer to the School Policy & Advisory Library for more information <https://www2.education.vic.gov.au/pal/enrolment/policy>

Enrolment conditions <div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>

OFFICE USE ONLY

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

STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

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

OFFICE USE ONLY

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

STUDENT MEDICAL DETAILS

MEDICAL CONDITION DETAILS:

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

ASTHMA MEDICAL CONDITION DETAILS:

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

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

OTHER MEDICAL CONDITIONS

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

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

STUDENT DOCTOR DETAILS

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

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

STUDENT EMERGENCY CONTACTS

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

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

TRAVEL DETAILS FOR SPECIAL SCHOOLS

How will the student travel to school? (tick)			
<input type="checkbox"/> Walk	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Train	<input type="checkbox"/> Tram
<input type="checkbox"/> School Bus	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Public Taxi	<input type="checkbox"/> Driven by parent/carer
First date of travel? (tick)	<input type="checkbox"/> Next school year	Alternate date: (dd-mm-yyyy) ____ / ____ / ____	
Is the student applying to travel on a school bus or for other travel assistance? (tick)			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Type of travel assistance requested? (completion of additional form required)			
<input type="checkbox"/> Access to School Bus		<input type="checkbox"/> Conveyance Allowance	
If by School Bus, please advise local bus stop if known:			
Landmark:	Map Type:	X ____	Y ____
Assisted Mobility (if applicable):			
If applicable, specify the student's mode of assisted mobility. <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker			
Comments relevant to travel:			
Office Use Only:			
Can the student Individual Learning Plan (ILP) 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 (DTA) (if attending special school)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can the student be accommodated on 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:	
NOTE: Students residing in Rural/Regional Victoria or attending special schools may be entitled to receive transport assistance. The Department may give access to a school bus service or pay a conveyance allowance to assist with the cost of travel. Information on eligibility and the application process can be obtained from the school.			

Thank you for taking the time to complete this Student Enrolment 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 school.

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

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

PARENTAL OCCUPATION GROUP CODES

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

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

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

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

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

Defence Forces Commissioned Officer

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

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

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

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

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

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

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

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

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

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

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

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

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

Skilled office, sales and service staff:

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

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

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

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

Office assistants, sales assistants and other assistants:

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

Labourers and related workers

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

Information Communication and Technology USER POLICY

Rationale

Our students have access to Information and Communication Technologies at school including access to our school network of computers, the Internet, digital cameras, DVD and video. We consider that the use of these technologies has the potential to enhance teaching and learning of staff and students. All members of the school must share the responsibility for the maintenance and careful use of computers and other equipment at all times. We have set rules outlining our expectations for everyone involved in the use of these facilities.

Aim

- To improve student learning outcomes by increasing access to world-wide information
- To develop skills in discriminate and effective internet usage
- To partake in collaborative learning experiences

Marong Primary School guidelines for Network Usage:

All users are expected to abide by the accepted rules of the network.

ICT user rules:

- Hands should be clean when using any Learning Technologies;
- Students are not permitted to have food or drink near any Learning Technology equipment;
- Log on using only usernames and passwords given to the individual;
- Always log off before leaving the computer;
- Students only use the programs they have created or been directed to access, unless instructed otherwise;
- Respect peoples' privacy;
- Modifying settings (eg screen savers, shortcuts etc) is not allowed unless permission is given by a teacher;
- Student work must be deemed suitable for publication and/or printing by the teacher before doing so. This includes multi media, web publishing and email.

Care of Hardware and Software

- The DEECD Technician and Marong Primary School ICT Leading Teacher maintain the Network, and to maintain a Standard Working Environment, all software to be permanently loaded on the network must go through these people.
- Transfer software between school and student's homes without permission is not allowed.
- Machines connected to the network must have virus updates periodically.
- All schools purchased hardware must go through the asset register before use.
- Any equipment location to be permanently moved must go through the asset register.
- Computers, monitors, keyboards, mouse, scanners, printers and associated working areas should be wiped down with a dry cloth periodically. This can be performed by classroom staff teams.
- Digital /video cameras and other portable learning technologies should be stored in their appropriate location at the end of each day.

Responsibilities of Parents/Guardians

- Parents will be aware of many issues related to appropriate use and Internet safety which occur while students are using computers at home.
- Some of these issues include using internet chat rooms and instant messaging with unknown people, accessing inappropriate material from the world wide web, use of internet games or hot mail accounts in inappropriate ways, creation of personal websites which give information about self or fellow students, thus putting self or others at risk.
- We advise parents to closely monitor the use of the Internet at home and provide advice about how to ensure internet safety for children.

Guidelines for students using personal mobile phones, iPod or other mobile device:

- Behave according to the school's Code of Conduct.
- Keep myself and my friends safe by not giving out personal details including full names, telephone numbers, addresses and images and not give out my password.
- Use it for learning purposes, or purposeful leisure, as directed by my teacher
- Act responsibly and not use the device to find, create or send information that might be harmful, inappropriate or hurtful to me or anyone else.
- Turn off mobile phones during class times, unless directed by teachers, and only seek permission to use it outside of class times.
- Mobile phones are not to be used as cameras at school, unless directed by teachers.
- Protect the privacy of others and never post private information about another person using SMS messages.

Publishing on the Internet: (i.e. On the School Web Page)

- No Individual or group photographs that can identify a student or staff member are to be posted on the school website.
- First names or initials may be published in the school, classroom or unit newsletters.
- Copyright laws must be adhered to.
- The upload of web pages must go through the system administrators.
- **EMAIL User Rules:**
- Students are to use normal, polite and considerate language when using email to send and receive messages.
- Students will ensure that any email they send does not contain inappropriate content.
- Students must gain permission before sending any email.
- Student may not send personal information (address, phone numbers etc) via school email.
- Teachers have the right to review any material accessed or saved.

Marong Primary School

Student Internet User Policy

SHARED ROLES & RESPONSIBILITIES

Please ensure all responsibilities are
clearly understood before signing.

Marong Primary School Student Acceptable Use Agreement

The use of the Internet at is a Marong Primary School privilege. It is to be used for educational purposes only.

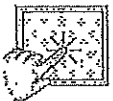
Rules for the school computers.



Clean and dry hands.



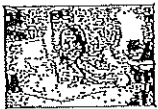
No food or drink near the computer.



Touch the keyboard and mouse carefully

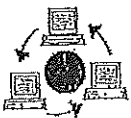


The computers belong to school. We share and take turns with others for computer time.



I will have access to the internet at school when teachers are in the room.

When sending electronic messages I need to use my manners.



I should not give my surname, home address or phone number on the internet.

No publishing of personal photographs about me or my family and friends.

By going through this agreement with my teachers, I am saying that I understand the above rules for using the Internet and will obey them. If I do not obey them, I know that I may be disciplined including losing the privilege of using the Internet.

Student Name (Print): _____

Staff Signed: _____

Marong Primary School Media Release Permission

Student name:

Throughout your child's schooling there will be many 'media moments' that will occur relating to school programs, activities or events.

We are seeking your cooperation to allow your child to be photographed (with or without his/her name published as a student of Marong Primary School), to be filmed for Assessment & Teaching, or to have his/her image included as part of a digital school presentation and wider media community.

I hereby give my consent, as indicated below, for the remainder of my child's schooling. I will notify the school of any changes.

Yes, I hereby give permission for my child's photograph and Christian name to be included in the school and classroom or unit newsletters.

Parent/Guardian signature _____ Date: _____

Yes, I give permission for my child's photograph and full name to be used by the print media to highlight school activities. For example photos and article about 'Footy Day' in the Advertiser.

Parent/Guardian signature _____ Date: _____

Yes, I give permission for television media or school to video my child participating in school activities to be viewed by the wider community. For example video footage about 'Book week' on Win News.

Parent/Guardian signature _____ Date: _____

Yes, I give permission for my child to be filmed for educational use within the school. For example recording students completing tasks using a digital camera to be used in digital portfolios.

Parent/Guardian signature _____ Date: _____

Yes, I hereby give permission for my child to use the internet for classroom activities with staff supervision. For example searching for pictures of mini-beasts on the website 'google.com.au'

Parent/Guardian signature _____ Date: _____

Yes, I hereby give permission for my child's photograph, video, Christian name or work samples to be posted on the Marong Primary School website or other publications.

Parent/Guardian signature _____ Date: _____

INTERNET USAGE ETHICS STATEMENT AND GUIDELINES CONSENT FORM

I have read the school's Internet Usage Ethics Statement and Guidelines and understand its contents. My signature below means that I understand the guidelines of the school's Internet Usage Ethics Statement and Guidelines.

Name of Student: _____ Date: _____

Parent(s) or Guardian(s) Signature: _____

Name of Parent(s) or Guardian(s): _____

MARONG PRIMARY SCHOOL

Confidential Medical Information for School Council approved School Excursions (Please complete and return to school)

This information is intended to assist the school in case of any medical emergency with your child. All information is held in confidence.

Child's Name:

Date of Birth: School Year:

Parent's/Guardian's Full Name:

Address:

Postcode:.....

Emergency Telephone:

After Hours: Business Hours:

Name and Address of Family Doctor:

Medicare No:

Medical/Hospital Insurance Fund: Contribution No:.....

Please tick if your child suffers any of the following:

- | | | | |
|--------------------------------------|---|--|---------------------------------|
| <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Fits of any type | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dizzy spells | <input type="checkbox"/> Sleepwalking | |
| <input type="checkbox"/> Blackouts | <input type="checkbox"/> Migraine | <input type="checkbox"/> Travel sickness | |
| Other | | | |

Allergies to:

Penicillin: Other drugs:

Any foods:.....

Other:

What special care is recommended?.....

Tetanus Immunisation -Year of last tetanus immunisation(Tetanus immunisation is normally given at five years of age [as Triple Antigen or CDT] and at fifteen years of age [as ADT])

Tablets and Medicines - Is your child presently taking tablets and/or medicine? YES/NO

IF YES, please state name of medication, dosage etc

All medication must be handed to the teacher in charge prior to leaving. All containers must be labelled with your child's name, the dose to be taken and when it should be taken. (These will be kept in the first-aid centre and distributed as required). If it is necessary or appropriate for your child to carry their own medication (for example, asthma puffers and insulin for diabetes) it must be with the knowledge and approval of both the teacher in charge and yourself.

Previous Experience - Is this the first time your child has been away from home? YES/NO

CONSENT TO MEDICAL ATTENTION

Where the teacher in charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge 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 teacher in charge may judge to be reasonably necessary.

Signature of Parent/Guardian: Date:

The Department of Education requires this consent to be signed for all students attending school excursions.

Note: Parents/guardians should provide written approval prior to their child taking part in any excursion.

MARONG PRIMARY SCHOOL - PUPIL INFORMATION

FAMILY NAME

NAMES OF CHILDREN ATTENDING SCHOOL	GRADE	DATE OF BIRTH
.....
.....
.....
.....

Home Address

Home Phone No.....Silent No. Yes/No Mobile.....

Mother's NameOccupation

Business AddressPhone No.

Father's NameOccupation

Business Address....., Phone No.....

Name of friend or neighbour who would care for your child in case of emergency.

Contact 1Address

.....Phone No.

Disability please describe any medical disability or allergy for which your child needs special consideration. If possible suitable medication to be permanently left at school with instructions for use

Accidents: In the case of an injury being sustained by my child/ren I desire that a doctor be called if it seems advisable in the opinion of the Principal of the school. (Please complete Option A, B or C of the Accident/Illness Policy overleaf).

Name/Address/Phone No. of Preferred Dr.....

Subscriber to Vict. Ambulance Service YES/NO Sub No.....

Names of Pre-school children and expected year of enrolment at this school -

CONSENT FORM

Ihereby give permission for my child/rento attend local school excursions in the Marong/Bendigo area.

Where the teacher in charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge 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 teacher in charge may judge to be reasonably necessary.

SignatureDate

ACCIDENT/ILLNESS POLICY

If a child is, or complains of being ill or is injured at school:

1. Teacher should assess the situation. If teacher is concerned, he/she should get another teacher to assess the situation. If illness/injury is considered serious, the staff will take appropriate action and the parent will be contacted immediately.
2. If illness/injury is not considered serious, child should be returned to normal or modified school program. If the child continues to complain, parent will be contacted. If after 30 minutes child does not complain but acknowledges that illness/injury still exists, parent should be contacted.
3. If parent cannot be contacted, teacher should -
 1. Contact emergency contact person.
 2. Doctor
 3. if necessary ambulance.

PARENT AGREEMENT: Sign A, B OR C

A] I accept the procedure outlined in Numbers 1, 2 and 3 above and wish these to be followed with regard to my child/ren

Signed.....Family Name

OR

PLEASE BE ADVISED THAT IF OPTION B OR C ARE SELECTED, THREE (3) ADDITIONAL EMERGENCY CONTACTS MUST BE PROVIDED. CONTACTS MUST BE READY TO COME TO SCHOOL AND ATTEND TO THE CHILD **EVERY TIME** A CALL IS MADE. STAFF HAVE BEEN ADVISED NOT TO GIVE A DIAGNOSIS OVER THE PHONE.

B] I accept the procedure outlined in numbers 1, 2 and 3 above and wish these to be followed with regard to my child/ren **EXCEPT** in the case of **ANY** head injury, when I wish to be contacted immediately.

SignedFamily Name

C] I **DO NOT** wish the above procedures to be followed with regard to my child/ren. I wish to be contacted **EVERY TIME** my child complains of being sick or injured.

SignedFamily Name

IF B OR C HAVE BEEN CHOSEN PLEASE COMPLETE THESE ADDITIONAL EMERGENCY CONTACT NUMBERS.

CONTACT 2 - NamePhone.....

CONTACT 3 - NamePhone

CONTACT 4 - NamePhone



Marong Primary School Uniform Order

Name:

Garment	Size (please circle)	Price	Quantity Ordered	Total \$
Polo shirt – Red, short sleeve with embroidered logo	4 6 8 10 12 14 16	\$26.00		
Polo shirt – Red, long sleeve with embroidered logo	4 6 8 10 12 14 16	\$26.00		
Half Zip Jacket Polar Fleece Red, with embroidery	6 8 10 12 14 16	\$34.00		
Full Zip Jacket polar fleece – Red, with embroidery	6 8 10 12 14 SM	\$40.00		
Split side Rugby Top – Red, with transfer	4 6 8 10 12 14 16	\$36.00		
Track Pants Double Knee Black	4 6 8 10 12 14	\$25.00		
Rugby Knit Shorts Black	4 6 8 10 12 14 16	\$18.00		
Slouch Hat Red	S M L XL	\$12.00		
TOTAL \$.....				

Marong Primary School



Outside School Hours Care



(OSHC)

Before School Care

Service Times: 07:00 – 08:45

Cost: \$15* per session (before Centrelink rebate)

Breakfast supplied

After School Care

Service Times: 15:30 – 18:00

Cost: \$20* per session (before Centrelink rebate)

Afternoon tea supplied

All Day Care (Curriculum days)

Service times: 08:45 – 17:00

Cost: \$30* per session (before Centrelink rebate)

Permanent and casual bookings can be accommodated.

Co-ordinator: Chelsie Nickson

Join Chelsie and the OSHC team in the Beehive for some fun and exciting activities. While exploring activities such as science, role play, cooking experiences and creativity expression, we follow the Early Years Learning Framework and My Time, Our Place.

*Prices as at 31st of January, 2022 and are subject to change at any time.

