FORM TO ENROL IN A VICTORIAN GOVERNMENT SCHOOL

Roxburgh Homestead Primary School

Student Enrolment Information – 2027	OFFICE USE ONLY	CASES21 Student ID:	

The information requested in this form is required for enrolment purposes. This information is collected to plan for and support the educational needs of students.

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

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

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

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

STUDENT DETAILS

Surname:			
First Given Name:			
Second Given Name: *(if applicable)*			
Preferred First Name: *(if applicable)*			
❖ Gender:	☐ Male ☐ Female ☐ Self-described: _____		
Date of Birth: *(dd-mm-yyyy)*	____ / ____ / _____	**Student Mobile Number:** *(if applicable)*	

Which year are you seeking to enrol this student?

☐ Foundation ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ Ungraded

Intended start date:

☐ Day 1, Term 1 ☐ Other: *(dd-mm-yyyy)* _____ / _____ / _____

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:**	

How often does this student live at this address?

☐ Always ☐ Mostly ☐ Balanced (50%)

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:

OFFICE USE ONLY SECTION

OFFICE USE ONLY					
Child's Name sighted:	☐ Yes	☐ No		**Enrolment Date:**	
Year level:	**Home Group:**	**Timetabling Group:**	**House:**	**Campus:**	
Student Email Address:					
Australian residency confirmed:	☐ Yes	☐ No	☐ Not sighted / provided		
Date of birth confirmed:	☐ Yes – Birth certificate	☐ Yes – Doctor certificate	☐ Yes - Other	☐ Not sighted / provided	
Does the student have a Disability ID number?	☐ Yes (please specify): _____	☐ 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?	☐ Yes, via Insight Assessment Platform	☐ Yes, direct from teacher/parent/carer	☐ No	☐ Pending

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

Note: Additional forms including student medical advice and condition forms can be found here: Medical Advice Forms

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

Current Court Order or other access document placed on student file?	☐ Yes	☐ No

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

PARENT/ CARES DETAILS

Enrolling Adult 1:

Gender (tick):	☐ Male ☐ Female ☐ Self-described ----------
Title:	
Surname:	
First Given Name:	
Adult 1 Job Title:	
Adult 1 Employer:	
In which country was Adult 1 born?	
☐ **Australia** ☐ **Other** (please specify):_____	
❖ **Does Adult 1 speak a language other than English at home?** ☐ No, English only ☐ Yes (please specify):	
Please indicate any additional languages spoken by Adult 1:	
Is an interpreter required?	☐ Yes ☐ No
❖**What is the highest year of primary or secondary school Adult 1 has completed?** ☐ Year 12 or equivalent ☐ Year 11 or equivalent ☐ Year 10 or equivalent ☐ Year 9 or equivalent or below / no schooling	
❖**What is the level of the *highest* qualification the Adult 1 has completed?** ☐ Bachelor degree or above ☐ Advanced diploma / Diploma ☐ Certificate I to IV (including trade certificate) ☐ No non-school qualification	
❖**What is the occupation group of Adult 1?** 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 paid work for the last 12 months, enter 'N'.	

What is the main language spoken between the student and adult 1 at home?	
Preferred language of communications:	

Enrolling Adult 2:

Gender (tick):	☐ Male ☐ Female ☐ Self-described ----------
Title:	
Surname:	
First Given Name:	
Adult 2 Job Tiltle:	
Adult 2 Employer:	
In which country was Adult 2 born?	
☐ **Australia** ☐ **Other** (please specify):_____	
❖ **Does Adult 2 speak a language other than English at home?** ☐ No, English only ☐ Yes (please specify):	
Please indicate any additional languages spoken by Adult 2:	
Is an interpreter required? (tick)	☐ Yes ☐ No
❖**What is the highest year of primary or secondary school Adult 2 has completed?** ☐ Year 12 or equivalent ☐ Year 11 or equivalent ☐ Year 10 or equivalent ☐ Year 9 or equivalent or below / no schooling	
❖ **What is the level of the *highest* qualification the Adult 2 has completed?** ☐ Bachelor degree or above ☐ Advanced diploma / Diploma ☐ Certificate I to IV (including trade certificate) ☐ No non-school qualification	
❖**What is the occupation group of Adult 2?** 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 paid work for the last 12 months, enter 'N'.	

What is the main language spoken between the student and adult 2 at home?	
Preferred language of communications:	

Enrolling Adult 1:

Can we contact Adult 1 during school hours?	☐ Yes ☐ No
Is Adult 1 usually home during school hours?	☐ Yes ☐ No
Home Phone:	
Work Phone:	
Mobile:	
SMS Notifications:	☐ Yes ☐ No
Adult 1's preferred method of contact: (Email shall be used for communication that cannot be sent via phone.)	
☐ Mobile ☐ Email ☐ Mail ☐ Home Phone ☐ work Phone	
Specify any other special conditions or times related to contact?	
Email:	
Email Notifications:	☐ Yes ☐ No
Specify any other special conditions or times related to contact?	
Is Adult 1 interested in being involved in school group participation activities? *(e.g., School Council, excursions)*	
☐ Yes ☐ No	
No. & Street Address:	
Suburb:	
State: **Postcode**	

Enrolling Adult 2:

Can we contact Adult 2 during school hours?	☐ Yes ☐ No
Is Adult 2 usually home during school hours?	☐ Yes ☐ No
Home Phone:	
Work Phone:	
Mobile:	
SMS Notifications:	☐ Yes ☐ No
Adult 2's preferred method of contact: (Email shall be used for communication that cannot be sent via phone.)	
☐ Mobile ☐ Email ☐ Mail ☐ Home Phone ☐ work Phone	
Specify any other special conditions or times related to contact?	
Email:	
Email Notifications:	☐ Yes ☐ No
Specify any other special conditions or times related to contact?	
Is Adult 2 interested in being involved in school group participation activities? *(e.g., School Council, excursions)*	
☐ Yes ☐ No	
Address is the same as Enrollng Adult 1 ☐ Yes ☐ No	
No. & Street Address:	
Suburb:	
State: **Postcode**	

Main language spoken at home:		**Preferred language of notices:**	
Do you hold a current Health Care Card?	☐ Yes	☐ No	

Is Adult 1 interested in being involved in school group participation activities? *(e.g., School Council, excursions)*	☐ Yes	☐ No

Is Adult 2 interested in being involved in school group participation activities? *(e.g., School Council, excursions)*	☐ Yes	☐ No

Emergency Contacts

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

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

Siblings

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

Does the student have any siblings at this school?	☐ Yes ☐ No *(move to next section)*

	Name	***Current Year Level***	***Reside at same residential address as the student***
1			☐ Yes ☐ No ☐ Sometimes
2			☐ Yes ☐ No ☐ Sometimes
3			☐ Yes ☐ No ☐ Sometimes
4			☐ Yes ☐ No ☐ Sometimes

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.

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

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

Additional Parents/Carers

Are there additional parents/carers in the student's life?	☐ Yes (provide details below) ☐ No (move to next section)
Name of Adult 3:	
Name of Adult 4:	

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

Enrolling Adult 1:

Relationship of Adult 1 to Student:	☐ Parent ☐ Foster Parent ☐ Friend	☐ Step-Parent ☐ Host Family ☐ Self (adult student/mature minor)	☐ Relative ☐ Other
The student lives with the Adult 1:			
☐ Always	☐ Mostly	☐ Balanced (50%)	☐ Occasionally

Enrolling Adult 2:

Relationship of Adult 2 to Student:	☐ Parent ☐ Foster Parent ☐ Friend	☐ Step-Parent ☐ Host Family ☐ Self	☐ Relative ☐ Other----------
The student lives with the Adult 2:			
☐ Always	☐ Mostly	☐ Balanced (50%)	☐ Occasionally

Correspondence Details

Send Correspondence addressed to:	☐ Adult 1	☐ Adult 2	☐ Both Adults	☐ Neither

STUDENT DEMOGRAPHICS

In which country was the student born?			
☐ Australia	☐ 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? *			
☐ Australian citizen – holds Australian Passport	☐ Permanent Resident (provide visa details below)		
☐ Australian citizen – eligible for Australian Passport	☐ Temporary Resident (provide visa details below)		
☐ 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

Does the student hold a Bridging Visa?	☐ Yes *(provide further detail below)*	☐ 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)*	

* 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).

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

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 themself 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:					
Other school name:		Days / week:		Has enrolment been accepted?	☐ Yes ☐ No
Other school name:		Days / week:		Has enrolment been accepted?	☐ Yes ☐ 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

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?				
Period of interruption to education: **(months/years)**		**Is the student repeating a year level?**	☐ Yes	☐ No

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?	
☐ Yes	☐ No *(move to the next section)*
If Yes, please provide further detail:	

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

Is there an intervention order, parenting order or any other court order impacting the student?	
☐ Yes	☐ No *(move to the next section)*

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

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

Activity Restrictions and Considerations

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)	

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?	☐ Yes	☐ No

Does the student have additional needs in any of the following areas?	***Hearing:***	☐ No	☐ Yes *(please specify):* _____
	Vision:	☐ No	☐ Yes *(please specify):* _____
	Speech/Language:	☐ No	☐ Yes *(please specify):* _____
	Physical:	☐ No	☐ Yes *(please specify):* _____
	Cognitive/Learning:	☐ No	☐ Yes *(please specify):* _____
	Social/Emotional:	☐ No	☐ Yes *(please specify):* _____

Has the student had a disability assessment before?	☐ No ☐ Yes *(specify outcome):* _____
Has the student received individualised disability funding before?	☐ No ☐ Yes *(please specify):* _____
Has any previous education provider prepared a documented plan to support the student's additional learning needs?	☐ No ☐ Yes *(provide details):* _____
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?		
Occupational therapy:	**Exercise physiology**	**Speech pathology**
☐ *Yes* ☐ *No*	☐ Yes ☐ No	☐ Yes ☐ No
Name and contact details:	**Name and contact details:**	**Name and contact details:**
Physiotherapy	**Behaviour support**	**Other**
☐ *Yes* ☐ *No*	☐ Yes ☐ No	☐ Yes ☐ No
Name and contact details:	**Name and contact details:**	**Name and contact details:**

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

Does the student have an allergy? **If yes, please provide the school with an ASCIA Action Plan for Allergies (available at:** www.allergy.org.au/hp/ascia-plans-action-and-treatment#r2a)	☐ Yes	☐ No

Is the student at risk of anaphylaxis? **If yes, please provide the school with an ASCIA Action Plan for Anaphylaxis (available at:** www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis)	☐ Yes	☐ No

Does the student have asthma?	☐ Yes	☐ No	
Has a current Asthma Action Plan been provided to School? If No, please provide an Asthma Action Plan to the School (available at: www.asthma.org.au/treatment-diagnosis/asthma-action-plan/)	☐ Yes	☐ No	
Does the student have any other medical condition or other relevant medical assessment that the school needs to know about? If Yes, please ask the school for the appropriate medical advice form, to be completed by the treating medical practitioner and returned to school.		☐ Yes	☐ No
If Yes to any of the above, please specify:			

Medication

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

Student Doctor

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

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) 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

DECLARATION

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

I/We confirm that:

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

Signature of Enrolling Adult: _____ Date: _____ / _____ / _____

Signature of Enrolling Adult (if applicable): _____ Date: _____ / _____ / _____

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

☐ Both parents/carers have completed and signed this form.

☐ Parents/carers are completing separate forms (schools can provide additional forms on request).

☐ One parent has completed and signed this form on behalf of both parents. Contact details for the other parent have been provided in the form for the school's use as required.

☐ One parent has completed and signed this form and the contact details for the other parent are unknown to the enrolling parent/carer and not provided.

☐ There is only one parent/carer with legal responsibility for the child and that person has completed and signed this form.

☐ Other, please specify: (for instance, where the contact details for the other parent are known but it is not appropriate or safe to contact them) _____

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

WHO CAN SIGN THIS FORM?

- **A person with parental responsibility:** a parent of a child under 18 years of age, subject to relevant court orders (including parenting orders made under the *Family Law Act 1975* and protection orders made under the *Children, Youth and Families Act 2005* by the Children's Court, or other person granted parental responsibility under a relevant court order).

- **A carer formally authorised by Child Protection to enrol the student:** the Department of Families, Fairness and Housing (DFFH) can issue a written authorisation to the carer of a child in out of home care to make decisions about the child. In some circumstances this will include specific authorisation to enrol the child at school.

- **Informal carer**: an Informal Carer is a relative or other responsible adult with whom the child lives, and who has day to day care of the child. The informal carer should provide an Informal Carer Statutory Declaration to confirm their status as an informal carer. A copy of this statutory declaration can be obtained from www.education.vic.gov.au/PAL/informal-carer-statutory-declaration-template.pdf

- **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 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 / refuge / childcare worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

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

Drivers, mobile plant, production / processing machinery and other machinery operators
Hospitality staff (hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper)
Office assistants, sales assistants, and other assistants:

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

Labourers and related workers

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

CONSENT FORM

Medical:

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:

I hereby give consent for my child to participate in the school's head lice inspection program for the duration of their enrolment.

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

Photographic Images:

To comply with the Information Privacy Act, the Department of Education and Training requires us to seek permission for the use of children's images throughout their schooling. Your child's photograph may be used in one or all of the following publications. This information will not be used for any other purpose than is stated.

I consent to images of my child appearing in the following publications: The Official School Web Site, Public Display, Promotional Material, The School's Annual Report, any printed or video publication produced by the school, stories in the media produced by the school to promote Victorian State Primary Education.

I will make no claims or demands as a result of, or in connection with the use of the photographs, or video on the understanding that the school will not use my child's image in a way that is deliberately offensive, defaming or incriminating.

☐ Yes

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

☐ No

If you ticked No, would you like your child to be part of the classroom group photo during school photo day, please sign the agreement.

I, _____ (Parent's full name) give permission for my child _____ (child's full name) to be part of the classroom group photo during school photo day.

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

LOCAL EXCURSION CONSENT FORM

Roxburgh Homestead Primary School may take students outside of school grounds to undertake educational activities in the local area.

The purpose of this form is to obtain parent/carer consent for local excursions.

This form does NOT provide consent for excursions that go beyond the local area.

Local excursions

Local excursions are excursions to locations within walking distance of the school and do not involve 'Adventure Activities'. Local excursions allow us to investigate places close by (in walking distance) from the school. Parents will always receive info from the teachers if they are going for a local walk, but this allows us to do awesome maths learning by walking to the local supermarket behind the school, or in science looking at our local environment.

Notification of local excursions

Roxburgh Homestead Primary School will NOT seek further consent from you before local excursions take place. However, we will provide advance notice to parents/carers of upcoming local excursions through Compass/school newsletter/class notes.

For local excursions that occur on a recurring basis, Roxburgh Homestead Primary School will notify parents/carers once only prior to the commencement of the recurring event, e.g.; weekly sports lessons at the local oval.

Please keep the school informed of any updated contact details to ensure you receive these notifications.

First aid and Medical Attention

Where necessary, school staff will administer first aid. 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 and Training is liable in negligence (liability is not automatic).

Accident and ambulance cover

The Department of Education and Training does not provide student accident insurance or ambulance cover. Parents may wish to obtain this cover, depending on their health insurance arrangements and any other personal considerations.

Parent/carer consent for local excursions.

I have read all the above information in relation to local excursions. I understand that:

- to ensure the school has up-to-date health and contact information about my child, I need to inform the school if this information changes
- the school will notify me prior to a local excursion(s) taking place
- I may withdraw my consent for any/all local excursions at any time prior to the day of the excursion by contacting 9305 1688

I give permission for my child _____ (full name) in Year level _____ to attend local excursions.

Parent/carer: _____ (full name)

(signature)_____ (date) _____ /_____ /_____

In case of emergency, I can be contacted on: _____ OR: _____

Alternative emergency contact person:

Name: _____ Relationship to student:_____

Phone number: _____