



Antonio Park Primary School

PRIVACY NOTICE

INFORMATION ABOUT THE 2022 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 Antonio Park Primary School can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Antonio Park Primary School and the Department of Education & Training are required by law to protect the information provided by this enrolment form.

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

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

EMERGENCY CONTACTS

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

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 Antonio Park Primary School receives appropriate resource allocations for their students. It is also used by the Department to plan for future educational needs in Victoria. Some information is sent to Commonwealth government agencies for monitoring, planning and resource allocation. All of this information is kept strictly confidential and the Department will not otherwise disclose the information to others without your consent or as required by law.

IMMUNISATION STATUS

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

VISA STATUS

This information is required to enable Antonio Park Primary School to process your child's enrolment.

UPDATING YOUR CHILD'S RECORDS

Please let Antonio Park Primary School know if any information needs to be changed by sending updated information to the school office. During your child's time with Antonio Park Primary School we will also send you copies of enrolment information held by us. Please use this opportunity to let us know of any changes.

ACCESS TO YOUR CHILD'S RECORD HELD BY SCHOOL

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

If you have any concerns about the confidentiality of this information please contact the Principal. The Department can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form. Please call the Department's Privacy Manager on (03) 9637 3601 if you would like this information.

**A COPY OF THE FOLLOWING DOCUMENTATION
IS REQUIRED WHEN SUBMITTING THIS
ENROLMENT FORM:**

- **BIRTH CERTIFICATE**

- **IMMUNISATION CERTIFICATE**

OTHER PRIMARY FAMILY DETAILS

Relationship of Adult A to Student: <i>(tick one)</i>	<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: <i>(tick one)</i>
<input type="checkbox"/> Always
<input type="checkbox"/> Mostly
<input type="checkbox"/> Balanced
<input type="checkbox"/> Occasionally
<input type="checkbox"/> Never

NOTE: Parents receiving a benefit from Centrelink and holding a current Health Care Card or a current Pension card may be entitled to receive the Education Maintenance Allowance. Information on eligibility and application forms are available from the school office.

ADULT B DETAILS

Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Title: (Ms, Mrs, Mr, 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 <i>(please specify):</i>			
❖ Does Adult B speak a language other than English at home? <i>(tick)</i>			
No, English only			
Yes* <i>(please specify):</i>			
* If more than one language is spoken at home, indicate the one that is spoken most often			
Please indicate any additional languages spoken by Adult B:			
Is an interpreter required? <i>(tick)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
❖ What is the highest year of primary or secondary school Adult B has completed? <i>(tick one)</i> <i>(for persons who have never attended school, mark 'Year 9 or equivalent or below'.)</i>			
<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 highest qualification level Adult B has completed? <i>(tick one)</i>			
<input type="checkbox"/> Bachelor Degree or above			
<input type="checkbox"/> Advanced Diploma / Diploma			
<input type="checkbox"/> Certificate 1 to IV (including trade certificate)			
<input type="checkbox"/> No non-school qualification			
❖ What is the occupation group of Adult B? <i>(Please enter the letter of the appropriate 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'.)</i>			

Relationship of Adult B to Student: <i>(tick one)</i>	<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

Main language spoken at home?			
Are you interested in being involved in school group participation activities? <i>(tick)</i>	<input type="checkbox"/> Adult A	<input type="checkbox"/> Both	<input type="checkbox"/> Neither
	<input type="checkbox"/> Adult B		

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

PRIMARY FAMILY CONTACT DETAILS

ADULT A CONTACT DETAILS:

Business Hours:

Can we contact Adult A at work? (<i>tick</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult A usually home during business hours? (<i>tick</i>)	<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? (<i>tick</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		
Mobile Telephone No.		
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email address		
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ADULT B CONTACT DETAILS:

Business Hours:

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

After Hours:

Is Adult B usually home AFTER business hours? (<i>tick</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		
Mobile Telephone No.		
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email address		
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PRIMARY FAMILY HOME ADDRESS:

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

PRIMARY FAMILY MAILING ADDRESS:

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

No. & Street	
Suburb:	
State:	Postcode:

Send Correspondence addressed to: (<i>tick one</i>)	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both Adults	<input type="checkbox"/> Neither
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PRIMARY FAMILY DOCTOR DETAILS:

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

Does the primary family have a current Ambulance Subscription: (<i>tick</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Medicare Number:

PRIMARY FAMILY EMERGENCY CONTACTS:

	Name	Relationship (Neighbour, Relative, Friend or Other)	Telephone Contact
1			
2			
3			
4			

DEMOGRAPHIC DETAILS OF STUDENT

❖ In which country was the student born?	
<input type="checkbox"/> Australia <input type="checkbox"/> Other (<i>please specify</i>):	
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	
Date of arrival in Australia OR Date of return to Australia: (dd-mm-yyyy)	____ / ____ / ____
Visa Expiry Date: (dd-mm-yyyy)	____ / ____ / ____ Visa Sub Class:
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)	
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes* (<i>please specify</i>): * If more than one language is spoken at home, indicate the one that is spoken most often	
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, Aboriginal & Torres Strait Islander	
What is the student's living arrangements? (tick one):	
<input type="checkbox"/> At home with TWO Parents/ Guardians <input type="checkbox"/> At home with ONE Parent/ Guardian <input type="checkbox"/> Arranged by State-Out of Home Care <input type="checkbox"/> Homeless Youth <input type="checkbox"/> Independent	

What is the student's home Map reference, e.g. Melways?	
Usual mode of transport to school: (tick)	
<input type="checkbox"/> Walking <input type="checkbox"/> Bicycle <input type="checkbox"/> School Bus <input type="checkbox"/> Public Bus <input type="checkbox"/> Train <input type="checkbox"/> Tram <input type="checkbox"/> Driven <input type="checkbox"/> Self Driven <input type="checkbox"/> Taxi <input type="checkbox"/> Other	
Distance to School in kilometres:	
Student's Religion:	

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

PRE-SCHOOL/SCHOOL DETAILS

Date of first enrolment in an Australian Kindergarten/Pre-School/School:	_____ / _____ / _____
Name of previous Kindergarten/Pre-School/School:	
Years of previous education:	
What was the language of the student's previous education?	
Ü Does the student have a Victorian Student Number (VSN)? <input type="checkbox"/> Yes <input type="checkbox"/> Yes, but the VSN is unknown <input type="checkbox"/> No. The student has never been issued a VSN Please specify: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Years of interruption to education:	
Is the student repeating a year? (<i>tick</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student require an Integration Aide? (<i>tick</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the student be attending this school full time? (<i>tick</i>)	<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:	

STUDENT RESTRICTIONS DETAILS

ACCESS RESTRICTIONS

Is the student at risk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there an Access Alert for the student? (<i>tick</i>)	<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 Activity Alert question)
Access Type: (<i>tick</i>)	<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? (<i>tick</i>)	<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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IMMUNISATION DETAILS OF STUDENT

Does the student have a disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disability ID No.:		

MEDICAL CONDITION DETAILS:

Ü Does the student suffer from any of the following impairments? (<i>tick</i>)	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? ** (<i>tick</i>)		<input type="checkbox"/> Yes <input type="checkbox"/> No

** If No, please go to the Other Medical Conditions section.

What is the student's Certificate Immunisation Status: (<i>tick</i>)	<input type="checkbox"/> Complete Immunisation	<input type="checkbox"/> Incomplete Immunisation	<input type="checkbox"/> Sighted
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STUDENT MEDICAL DETAILS

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) <input type="checkbox"/> Cough <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Wheeze <input type="checkbox"/> Exhibits symptoms after exertion <input type="checkbox"/> Tight Chest		If my child displays any of the above symptoms 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:	
Has an Asthma Management Plan been provided to School?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the student take medication for the above medical conditions? (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? <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 for the above medical conditions? (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			
Is a reminder required for the student to take their medication? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No			
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Poison Rating:	

CONSENT TO MEDICAL ATTENTION

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** ____ / ____ / 20....

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:** ____ / ____ / ____

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 Guide's Admission page for more information

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

ALTERNATE FAMILY DETAILS – ADULT A

Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Title: (Ms, Mrs, Mr, 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? (tick)			
<input type="checkbox"/> No, English only			
<input type="checkbox"/> Yes* (please specify):			
* If more than one language is spoken at home, indicate the one that is spoken most often			
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 highest qualification level Adult A has completed? (tick one)			
<input type="checkbox"/> Bachelor Degree or above			
<input type="checkbox"/> Advanced Diploma / Diploma			
<input type="checkbox"/> Certificate 1 to IV (including trade certificate)			
<input type="checkbox"/> No non-school qualification			
❖What is the occupation group of Adult A? (Please enter the letter of the appropriate 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'.)			

ALTERNATE FAMILY DETAILS – ADULT B

Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Title: (Ms, Mrs, Mr, 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? (tick)			
<input type="checkbox"/> No, English only			
<input type="checkbox"/> Yes* (please specify):			
* If more than one language is spoken at home, indicate the one that is spoken most often			
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 highest qualification level Adult B has completed? (tick one)			
<input type="checkbox"/> Bachelor Degree or above			
<input type="checkbox"/> Advanced Diploma / Diploma			
<input type="checkbox"/> Certificate 1 to IV (including trade certificate)			
<input type="checkbox"/> No non-school qualification			
❖What is the occupation group of Adult B? (Please enter the letter of the appropriate 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'.)			

OTHER ALTERNATIVE FAMILY DETAILS

Relationship of Adult A of Alternative Family to Student: <i>(tick one)</i>	<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 of Alternative Family to Student: <i>(tick one)</i>	<input type="checkbox"/> Parent	<input type="checkbox"/> Sep-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 Alternative Family: <i>(tick one)</i>			
<input type="checkbox"/> Always			
<input type="checkbox"/> Mostly			
<input type="checkbox"/> Balanced			
<input type="checkbox"/> Occasionally			
<input type="checkbox"/> Never			
Send Correspondence addressed to: <i>(tick one)</i> <input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both Adults <input type="checkbox"/> Neither			
Is the Alternative family to receive Academic Reports? <input type="checkbox"/> Yes <input type="checkbox"/> No			

CONTACT DETAILS FOR ALTERNATE FAMILY - ADULT A**Business Hours:**

Can we contact Adult A at work? <i>(tick)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult A usually home during business hours? <i>(tick)</i>	<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? <i>(tick)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		
Mobile Telephone No.		
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email address		
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CONTACT DETAILS FOR ALTERNATE FAMILY - ADULT B**Business Hours:**

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

After Hours:

Is Adult B usually home AFTER business hours? <i>(tick)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		
Mobile Telephone No.		
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email address		
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ALTERNATE FAMILY HOME ADDRESS:

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

ALTERNATE FAMILY MAILING ADDRESS:

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

No. & Street	
Suburb:	
State:	Postcode:
Send Correspondence addressed to: <i>(tick one)</i> <input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both Adults <input type="checkbox"/> Neither	
Is the Alternative family to receive Academic Reports? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CONSENT FORM-HEAD LICE INSPECTIONS

ANTONIO PARK PRIMARY SCHOOL

Throughout each year, the school will be arranging head lice inspections of students.

The management of head lice infection 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 you know you have got them, you can do something about it.

The inspection of students will be conducted by nurses from the Health Department of the City of Whitehorse or the school first aid officer as required.

The person conducting the inspections will check 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 will inform the student's class teacher and the principal or the School First Aid Officer. The school will make appropriate contact with the parents/guardians.

Parent's/guardian's full name:

Address: Postcode:

Name of child attending the school: Year level:
.....

I hereby give my consent for the above-named child to participate in the school's head lice inspection program.

Signature of parent/guardian:Date:.....

The signing of this Consent Form for Head Lice Inspections will remain in force for the duration of your child's stay at Antonio Park Primary School unless otherwise notified.

POLICY: HEAD LICE (Pediculosis)

INTRODUCTION:

While parents/guardians have primary responsibility for the detection and treatment of head lice, schools also have a role in the management of head lice infections and in providing support for parents/guardians and students.

PURPOSE:

- To provide a healthy learning environment for all students.
- To effectively control and minimise head lice infestation within the school.
- To provide support and advice to families on the management of head lice infestations.

GUIDELINES

1. Guidelines published by the Victorian Government Department of Human Services for effective management of head lice infestation will be adopted.
2. In accordance with Department of Education and Training regulations the principal will exclude an infested student until he/she is treated for the condition.
3. Each year the issue will be covered for students through the Health curriculum. Information will include identifying symptoms, appropriate action to rid lice and nits and emphasise the benefits of frequent and regular hair combing and brushing.
4. Information will be forwarded to parents at the beginning of each school year and more frequently as required.
5. A consent form for head lice inspections will be sent home to all families at the beginning of each school year.
6. Information on head lice from the Department of Human Services will be included in the school information pack.

IMPLEMENTATION

1. Teachers or parents should refer known or suspected cases of infestation to the principal.
2. On receiving such advice the principal will take appropriate action.
 - Parents/guardians of students with head lice will be notified as soon as practicable and provide information on the recommended procedures for control of infestation as advised by Human Services.
 - Upon notification it is the responsibility of parents/guardians to arrange or administer treatment. The child may return to school once the treatment has commenced. For example a student with head lice can be treated one evening and return to school the next day however a follow up treatment within 7 days is required.
 - On return to school the principal will request a note from the parent to the effect that their child has undergone the prescribed treatment for this condition and their child will be inspected by the first aid officer as soon as possible that day.
 - A notice to parents of students in the relevant class will be issued as soon as practicable to advise that all parents check their child's hair for lice or nits.
3. The Municipal Head Lice nurse will be called in to inspect students' hair if deemed necessary.
4. In order to reduce stigma and maintain confidentiality following head lice inspections a letter will be given to all students inspected not just those found to have head lice.
5. Parents/Guardians are encouraged to adopt the following procedures:
 - regularly (preferably once per week) inspect their child/children's hair for lice or lice eggs (using conditioner and a head lice comb is the most effective method)
 - regularly inspect all household members followed by treatment if head lice are detected
 - upon detection of head lice, notify the school and advise when treatment has commenced.

EVALUATION

The incidence of head lice infestation will be monitored to ensure that the school's management of instances of head lice is effective.



ABN 73 796 346 011

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631-639 Whitehorse Rd, Mitcham
Email: antonio.park.ps@edumail.vic.gov.au

Media Participation Consent

At times throughout your child's enrolment at Antonio Park Primary School, your child may have the opportunity to have their photograph, their name and/or samples of their work displayed around the school, in our school handbooks, in our newsletter or on our website. When publishing names, only the first name and surname initial will be used.

We are therefore seeking parental consent for these occasions.

Please complete the following to be kept on your child's file for the duration of their enrolment at this school. If circumstances change during this time, parents/guardians are asked to notify the office and complete a new form.

Please return this form to your child's teacher.

Student's Name:

Parent/Guardian Name:

Parent/Guardian Signature:

Date:

Yes, I do give permission	No, I do not give my permission	Areas Requiring Consent
<input type="checkbox"/>	<input type="checkbox"/>	For my child's photograph, first name and surname initial and/or school work samples to be on display (usually in classrooms and hallways). This will include during times of school tours and Open Days.
<input type="checkbox"/>	<input type="checkbox"/>	For my child's photograph, first name and surname initial and/or school work samples to be published in the school newsletter which appears online on the school website.
<input type="checkbox"/>	<input type="checkbox"/>	For my child's photograph, first name and surname initial and/or school work samples to appear on the school website .
<input type="checkbox"/>	<input type="checkbox"/>	For my child's photograph to be taken and his/her full name to be recorded as part of the annual School Photos .
<input type="checkbox"/>	<input type="checkbox"/>	On occasion newspaper or television reports may run an article pertaining to our school. On these occasions my child's photograph, first name and surname initial and/or school work samples may be used.

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).

