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STUDENT DETAILS

❖ Some questions in the enrolment form are marked with this symbol. These questions are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.

Surname:		Title: (Miss Ms Mr)	
First Given Name:	Second Given Name:		
Preferred Name: (if applicable):	❖ Sex :	<input type="checkbox"/> Female <input type="checkbox"/> Male	Birth Date / / Proof of birth date must be provided
List other family members attending this school:			

PRIMARY FAMILY DETAILS

NOTE: The PRIMARY Family is “the family or parent the student mostly lives with”. The Alternative Family is the family or parent the student lives with occasionally or under a regular shared care arrangement. This may also be a parent or family who has care or responsibility of the student but the student does not live with them. See page 5 for the ALTERNATIVE Family details.

Adult A Details (Primary Carer):

Adult B Details:

Sex :	<input type="checkbox"/> Male <input type="checkbox"/> Female	Title:	(Ms, Mrs, Mr, Dr etc)
Surname:			
First Name:			
Adult A's occupation?			
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.)			
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):			
❖ What is the highest year of primary or secondary school Adult A has completed? (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 highest qualification the Adult A has completed?			
<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification			
❖ What is the occupation group of Adult A?			
Please select carefully and accurately the appropriate parental occupation group from the attached list on page 9 Not currently employed = N			
I have a current Working with Children Check (required for all adults who may be assisting in the classroom, camps or excursions)		Card no. :	
* see page 5 for more details on registration		Expiry Date :	

Sex :	<input type="checkbox"/> Male <input type="checkbox"/> Female	Title:	(Ms, Mrs, Mr, Dr etc)
Surname:			
First Name:			
Adult B's occupation?			
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.)			
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):			
❖ What is the highest year of primary or secondary school Adult B has completed? (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 highest qualification the Adult B has completed?			
<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification			
❖ What is the occupation group of Adult B?			
Please select carefully and accurately the appropriate parental occupation group from the attached list on Page 9 Not currently employed = N			
I have a current Working with Children Check (required for all adults who may be assisting in the classroom, camps or excursions)		Card no. :	
* see page 5 for more details on registration		Expiry Date :	

PRIMARY FAMILY CONTACT DETAILS

ADULT A CONTACT DETAILS:

Business Hours:

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

After Hours:

Is Adult A usually home AFTER business hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone No:	
Other After Hours No:	
Email address:	
Is Adult A the prime contact for email & SMS correspondence?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Relationship of Adult A to student:	<input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Other _____
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ADULT B CONTACT DETAILS

Business Hours

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

After Hours

Is Adult B usually home AFTER business hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone No:	
Other After Hours No:	
Email address:	
Is Adult B the prime contact for email & SMS correspondence?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Relationship of Adult B to student:	<input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Other _____
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The student lives with the Primary Family: <i>If Mostly, Balanced, Occasionally or Never is ticked please consider completing the Alternative Family Section with details of the second family.</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:	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both Adults <input type="checkbox"/> Neither

PRIMARY FAMILY HOME ADDRESS:

No. & Street:			
Suburb:	State:	Postcode:	
Telephone Number	Silent Number:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile Number:			

PRIMARY FAMILY MAILING ADDRESS: Write "As Above" if the same as Family Home Address

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

PRIMARY FAMILY DOCTOR/CLINIC DETAILS:

Doctor's Name :	If Group Practice/Clinic specify name :																			
No. & Street or PO Box No.:																				
Suburb:	State:	Postcode:																		
Telephone Number																				
Current Ambulance Subscription:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medicare Number:																		

PRIMARY FAMILY EMERGENCY CONTACTS (OTHER THAN ADULT A OR ADULT B):

	Name	Relationship (Neighbour, Relative, Friend or Other)	Daytime Telephone Contact	
1			B/H:	M:
2			B/H:	M:
3			B/H:	M:

DEMOGRAPHIC DETAILS OF STUDENT

❖ In which country was the student born?			
<input type="checkbox"/> Australia		<input type="checkbox"/> Other (please specify): _____	
		Arrival or Return Date ____ / ____ / ____	
What is the Residential Status of the student:		<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: ____ / ____ / ____	Visa Statistical Code: (Required for some sub-classes)	
❖ Does the student 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)			
<input type="checkbox"/> No, English only		<input type="checkbox"/> Yes (please specify): _____	
Does the student speak English?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
❖ Is the student of Aboriginal or Torres Strait Islander origin?		<input type="checkbox"/> No <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander	
What is the student's living arrangements? :		<input type="checkbox"/> At home with TWO Parents/ Guardians <input type="checkbox"/> At home with ONE Parent/ Guardian	

SCHOOL DETAILS (OR KINDERGARTEN ATTENDED IF COMMENCING SCHOOL FOR THE FIRST TIME)

Date of first enrolment in an Australian School: ____ / ____ / ____	Name of previous School or Kindergarten:				
Years of previous education:	Language of previous education?				
Is the student a repeat student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student an Integration student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will the student be attending this school full time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give the school permission to speak with previous educational institutions		<input type="checkbox"/> Yes <input type="checkbox"/> No			

STUDENT ACCESS OR ACTIVITY RESTRICTIONS

Is the student at risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there an Access Alert for the student?	<input type="checkbox"/> Yes (If Yes, complete the following questions) <input type="checkbox"/> No		
Access Type: <i>Please provide a copy</i>	<input type="checkbox"/> Court Order	<input type="checkbox"/> Family Law Order	<input type="checkbox"/> Restraining Order	<input type="checkbox"/> Other	
Describe any Access Restriction:					
Is there an Activity Alert for the student? <i>Eg. Sport, Christmas celebrations</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, then describe the Activity Restriction:					

Student Medical Details

Does the student suffer from any Medical Conditions? (If Yes, please list)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical Condition/Allergy	Symptoms and further information		
LIFE THREATENING CONDITIONS SUCH AS ASTHMA OR ALLERGIES REQUIRE AN EMERGENCY MANAGEMENT PLAN TO BE COMPLETED			
Does the student suffer from any of the following impairments?	Hearing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Speech:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Vision:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Mobility:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Has your child had Assessments eg. Speech Pathology, Psychology, Hearing, Eyesight? If yes, please provide copies of reports to the school	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Immunisation Status Certificate Please provide a copy – certificates are issued by Medicare	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete

MEDICAL CONSENT

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: ____ / ____ / ____

LOCAL WALKING EXCURSION CONSENT

From time to time the children, under supervision of their teacher, are taken out of the school grounds for a local walking excursion to look at points of interest eg. Environmental studies walk, Puffing Billy Station. Please read additional information provided on Page12.

I consent to my child leaving the school grounds for these purposes.

Signature of Parent/Guardian: _____

Date: ____ / ____ / ____

CONSENT TO PUBLISH WORK & IMAGES

Students work or images may be published on the Internet, electronic, print media or via the Seesaw App for the purposes of the School newsletter, displays within the school, local newspapers, school website and direct contact with parents. Images will only be identified by first name only. Please read additional information provided on Page12.

I consent to the use of my child's work and images as outlined above.

Signature of Parent/Guardian: _____

Date: ____ / ____ / ____

CONSENT TO CONDUCT HEAD LICE INSPECTIONS

A trained person authorised by the Principal may conduct head lice inspections from time to time. Please read additional information provided on Page12.

I consent to my child participating in the school's head lice inspection program for the duration of their schooling at Selby Primary School.

Signature of Parent/Guardian: _____

Date: ____ / ____ / ____

CHILD SAFETY CODE OF CONDUCT

I have read and agree to adhere to the Child Safety Code of Conduct as provided on Page 11.

Signature of Adult A : _____

Date: ____ / ____ / ____

Signature of Adult B : _____

Date: ____ / ____ / ____

SIGNATORY

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, however 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: ____ / ____ / ____

I have enclosed the following documents (if applicable) :

- Proof of Birth Date (Birth Certificate, Passport)
- Immunisation Status Certificate
- Asthma Management Plan : please provide Asthma Medication & personal spacer on commencement
- Anaphylaxis Management Plan : please provide Adrenaline Auto-Injector on commencement
- Allergy Management Plan
- Details of conditions requiring medication to be given during the school day : please provide medication on commencement
- Copies of Court , Family Law or other Orders
- copies of Assessments such as Speech, Psychology, Hearing, Eyesight
- signed Child Safety Code of Conduct
- copy of current Working With Children Check

Working With Children Check (website www.workingwithchildren.vic.gov.au)

1. If you have a current Working With Children Check (WWCC) please note the number & expiry date on page 1 AND
2. logon onto the WWCC website and update your details to include Selby Primary School as a place you volunteer.

OR

1. a new application can be made at the above website

OFFICE USE ONLY

Child's Name and Birth Date proof sighted			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrolment Date:		
Year Level		Home Group		Assessments received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Consent to Publish		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Head Lice Check Consent		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Local Walking Excursion Consent		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is there a Medical Alert for this student requiring further action (eg Management Plan)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child Safety Code of Conduct		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Working with Children Check		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Immunisation Certificate Status		<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Not sighted	<input type="checkbox"/> Conscientious Objection Form <i>(code as Incomplete in Cases21)</i>		
Current Court Orders Received		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Alternative Family Details Provided		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Confirmation letter sent		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date			
Other follow up required							

Signature of Admin Officer		Date	
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ALTERNATIVE FAMILY DETAILS

NOTE: The Alternative Family is the family or parent the student lives with occasionally or under a regular shared care arrangement. This may also be a parent or family who has care or responsibility of the student but the student does not live with them.

ADULT A DETAILS (PRIMARY CARER):

Sex :	<input type="checkbox"/> Male <input type="checkbox"/> Female	Title:	
		(Ms, Mrs, Mr, Dr etc)	
Surname:			
First Name:			
Adult A's occupation?			
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.)			
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):			
❖What is the highest year of primary or secondary school Adult A has completed? (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?			
<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 carefully and accurately the appropriate parental occupation group from the attached list on Page 9 Not currently employed = N			
I have a current Working with Children Check (required for all adults who may be assisting in the classroom, camps or excursions) * exemptions apply for VIT & Police Officers		Card no. :	
		Expiry Date :	

ADULT B DETAILS:

Sex :	<input type="checkbox"/> Male <input type="checkbox"/> Female	Title:	
		(Ms, Mrs, Mr, Dr etc)	
Surname:			
First Name:			
Adult B's occupation?			
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.)			
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):			
❖What is the highest year of primary or secondary school Adult B has completed? (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?			
<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 carefully and accurately the appropriate parental occupation group from the attached list on Page 9 Not currently employed = N			
I have a current Working with Children Check (required for all adults who may be assisting in the classroom, camps or excursions) * exemptions apply for VIT & Police Officers		Card no. :	
		Expiry Date :	

ADULT A CONTACT DETAILS:

Business Hours:

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

ADULT B CONTACT DETAILS:

Business Hours :

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

After Hours:

Home Telephone No:	
Other After Hours No:	
Email address:	
Is Adult A the prime contact for email & SMS correspondence?	<input type="checkbox"/> Yes <input type="checkbox"/> No

After Hours

Home Telephone No:	
Other After Hours No:	
Email address:	
Is Adult B the prime contact for email & SMS correspondence?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Relationship of Adult A to student:	<input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Other _____
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Relationship of Adult B to student:	<input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Other _____
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The student lives with the Alternative Family:	<input type="checkbox"/> Balanced <input type="checkbox"/> Occasionally <input type="checkbox"/> Never
Send Correspondence addressed to:	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both Adults <input type="checkbox"/> Neither
Receive School Reports:	<input type="checkbox"/> Yes <input type="checkbox"/> No

HOME ADDRESS:

No. & Street:			
Suburb:		State:	Postcode:
Telephone Number		Silent Number:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Number:			

MAILING ADDRESS: Write "As Above" if the same as Family Home Address

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

ALTERNATIVE FAMILY EMERGENCY CONTACTS (OTHER THAN ADULT A OR ADULT B):

	Name	Relationship (Neighbour, Relative, Friend or Other)	Daytime Telephone Contact	
1			B/H:	M:
2			B/H:	M:
3			B/H:	M:

CHILD SAFETY CODE OF CONDUCT

I have read and agree to adhere to the Child Safety Code of Conduct as provided on Page 11.

Signature of Adult A : _____

Date: ____ / ____ / ____

Signature of Adult B : _____

Date: ____ / ____ / ____

Alternative Family Signatory

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, however 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: ____ / ____ / ____

I have enclosed the following documents (if applicable) :

- signed Child Safety Code of Conduct
- copy of current Working With Children Check

Working With Children Check (website www.workingwithchildren.vic.gov.au)

1. If you have a current Working With Children Check (WWCC) please note the number & expiry date on page 1 AND
2. logon onto the WWCC website and update your details to include Selby Primary School as a place you volunteer.

OR

a new application can be made at the above website



DEPARTMENT OF EDUCATION AND TRAINING
ENROLMENT FORM - INFORMATION for PARENTS, GUARDIANS and CARERS
(including privacy collection notice)

The Enrolment Form asks you for personal and health information about your child and your family. This information is collected to enable our school to educate your child and support your child's social and emotional wellbeing and health. Our school is also required by legislation, such as the *Education and Training Reform Act 2006*, to collect some of this information.

Our school relies on you to provide **health information** about any medical condition or disability that your child has, medication your child may take while at school, any known allergies and contact details of your child's doctor. If you do not provide all relevant health information, this may put your child's health at risk.

Our school requires current, relevant information about all **parents, guardians and carers** so that we can take account of family arrangements. Please provide our school with copies of all current parenting plans AND court orders regarding parenting arrangements. Please provide copies of court orders or plans when they change. If you wish to discuss any matters regarding family arrangements in confidence, please contact the Principal.

Protecting your privacy and sharing information

The information about your child and family collected through this Enrolment Form will only be shared with school staff who need to know to enable our school to educate or support your child, or to fulfil legal obligations including duty of care, anti-discrimination law and occupational health and safety law. The information collected will not be disclosed beyond the Department of Education and Training without your consent, unless such disclosure is lawful.

For more about information-sharing and privacy, see our school's privacy policy at: www.selbyps.vic.edu.au

Our school's use of online tools (including apps and other software) to collect and manage information

Our school may use online tools, such as apps and other software, to collect and manage information about your child. When our school uses these online tools, we do our best to ensure that your child's information is secure. These online tools enable our school to efficiently and effectively manage important information about your child and also to communicate with you. If you have any concerns about the use of these online tools, please contact us.

Emergency contacts

Emergency contacts are those people you nominate for the school to contact during an emergency. Please ensure your nominated emergency contact agrees to you providing their contact details to our school and that they have read the paragraph above. It is important that you inform them that their contact details may be disclosed beyond the Department if lawful.

Student background information

The enrolment form requests information about country of birth, aboriginality, language spoken at home and parent occupation. This information enables the Department to allocate appropriate resources to our school. The Department also uses this information to plan for future educational needs in Victoria and shares some information with the Commonwealth government to monitor, plan and allocate resources.

Immunisation status

Your child's immunisation status assists our school to manage health risks for children. The Department may also provide this information to the Department of Health and Human Services to assess immunisation rates in Victoria, but not in a way which identifies you.

Visa status

Our school also requires this information to process your child's enrolment.

Updating your child's personal and health information

Please inform our school if, and when, there are any updates to any of the personal or health information you provide on the Enrolment Form.

Accessing your child's records

Our school provides ordinary school communications and school reports to students and parents, guardians and carers who have legal decision-making responsibility for the student. Requests for any other type of student records may be made through a Freedom of Information (FOI) application. Please contact our school and we can advise you how to do this.

Student transfers between Victorian government schools

When our students transfer to another Victorian government school, our school will transfer the student's personal and health information to that next school. This may include copies of student's school records, including any health information. Transferring this information assist the next school to provide the best possible education and support to students.

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. Please note, this code is based on your employment and not your qualifications.

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)

GROUP N Home Duties, not currently employed, student, retired

- If you have not been in paid work for the last 12 months, enter 'N'.

- If you are not currently in paid work but had a job in the last 12 months, or have retired in the last 12 months, please use their last occupation to select from the attached occupation group list.



Selby Primary School

Child Safety Code of Conduct

The child safe standards require organisations that provide services for children¹ to have a code of conduct that establishes clear expectations for appropriate behaviour with children. A code of conduct is put into place to ensure appropriate behaviours with children are enforced in the school, to help protect children from abuse.²

At Selby Primary School we have a commitment to **zero tolerance of child abuse**. This is a commitment which is led by our School Council, School Leadership team, all staff and is shared openly and transparently with all members of our school community.

Purpose:

Selby Primary School's Code of Conduct will be used:

- as part of induction training for new staff, School Councillors and volunteers
- as part of refresher training for staff, School Councillors and volunteers
- to inform parents/carers and other persons associated with Selby PS what behaviour they can expect from our school's leadership team, staff, School Councillors and volunteers
- to support and inform organisational protocols and reporting procedures should breaches of the code be suspected or identified
- as a reference to the code of conduct in employment advertisements and contracts to ensure compliance.
- staff, school councillors, parents and Community Members (volunteers) are required to sign the code of conduct.

Objectives:

All staff, School Councillors, parents and community members of Selby Primary School are required to observe child safe principles and expectations for appropriate behaviour towards and in the company of children.

All personnel of Selby Primary School are responsible for supporting the safety, participation, wellbeing and empowerment of children by:

- adhering to Selby Primary School's Child Safety Policy at all times
- upholding Selby Primary School's statement of commitment to child safety at all times
- taking all reasonable steps to protect children from abuse
- treating everyone with respect
- listening and responding to the views and concerns of children, particularly if they are telling you that they or another child has been abused and/or are worried about their safety or the safety of another
- promoting the cultural safety, participation and empowerment of Aboriginal children (for example, by never questioning an Aboriginal child's self-identification)
- promoting the cultural safety, participation and empowerment of children with culturally and/or linguistically diverse backgrounds (for example, by having a zero tolerance of discrimination)
- promoting the safety, participation and empowerment of children with a disability (for example, during personal care activities)
- ensuring as far as practicable that adults are not left alone with a child
- reporting any allegations of child abuse to the Principal or a member of the leadership team, and ensure any allegation are reported to the police or child protection
- reporting any child safety concerns to the Principal or a member of the leadership team,
- if an allegation of child abuse is made, ensure as quickly as possible that the child/ren are safe
- encouraging children to 'have a say' and participate in all relevant organisational activities where possible, especially on issues that are important to them.

Staff, School Councillors, Parents and Community Members (eg, Grandparent volunteers) must not:

- develop any 'special' relationships with children that could be seen as favouritism (for example, the offering of gifts or special treatment for specific children)
- exhibit behaviours with children which may be construed as unnecessarily physical (for example inappropriate sitting on laps. Sitting on laps could be appropriate sometime, for example while reading a storybook to a small child in an open plan area)
- put children at risk of abuse (for example, by locking doors)
- do things of a personal nature that a child can do for themselves, such as toileting or changing clothes
- engage in open discussions of a mature or adult nature in the presence of children (for example, personal social activities)
- use inappropriate language in the presence of children
- express personal views on cultures, race or sexuality in the presence of children
- discriminate against any child, because of culture, race, ethnicity, sexuality or disability
- have any online contact with a child or their family (unless necessary, for example providing families with e-newsletters) ignore or disregard any suspected or disclosed child abuse.

By observing these standards you acknowledge your responsibility to immediately report any breach of this code to the Principal or a member of the leadership team.

If you believe a child is at immediate risk of abuse phone 000.

¹ For a [list of the organisations in scope](http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/in-scope-organisations-for-child-safe-standards) for the child safe standards, please see the Department of Health and Human Services website: <www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/in-scope-organisations-for-child-safe-standards>.

² The child safe standards aim to protect children from abuse in organisations, including physical violence, sexual offences, serious emotional or psychological abuse and serious neglect. For further explanation of the different types of child abuse, please see [An Overview of the Victorian child safe standards](http://www.dhs.vic.gov.au/__data/assets/word_doc/0005/955598/Child-safe-standards_overview.doc): <www.dhs.vic.gov.au/__data/assets/word_doc/0005/955598/Child-safe-standards_overview.doc>.

LOCAL WALKING EXCURSIONS

At various times during your child's time at Selby Primary School he/she may be involved in a walking excursion in the local area to look at points of interest eg environment studies walk, or a walk to the Selby store. Rather than send home a note each time this form covers all "Local Walking Excursions" for your child's time at Selby Primary School.

PUBLICITY CONSENT

We are delighted that all classes at Selby Primary School now have a digital camera and iPads (with still and video camera capabilities) permanently allocated to their room. This will provide many terrific learning opportunities for our students as well as provide additional opportunities to capture images and video of various events and celebrations that we have not been able to do in the past.

We request that you sign the consent on the enrolment that would allow us to use your child's image (first name only) and work for a variety of different purposes. These include:

- In the newsletter
- At School Assemblies
- At PFA events
- On displays throughout the school
- On our website
- In local newspapers
- seesaw App (digital portfolio)

Typically, we will make contact with you whenever your child's first name and/or photo will appear in publications like the local newspaper as I'm sure you'll agree, these are times when a great deal of excitement is generated.

HEAD LICE INSPECTIONS

Throughout your child's schooling, 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.

A trained person approved by the Principal and School Council will conduct the inspections of students. Before any inspections are conducted the person conducting the inspections 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 person conducting the inspections will check through each student's hair to see if any lice or eggs are present.

Person's authorised by the Principal may also visually check your child's hair for the presence of head lice, when it is suspected that head lice may be present. They do not physically touch the child's head during a visual check.

In cases where head lice are found, the person inspecting the student will inform the student's teacher and the principal. The school will make appropriate contact with the parents/guardians/carers.

Please note that health regulations require that where a child has head lice, that child should not return to school until appropriate treatment has commenced. The school may request the completion of an 'action taken form', which requires parents/guardians/carers to nominate if and when the treatment has started.