

*'We strive to build a strong school community
of enthusiastic learners.'*



HONESTY in all of our actions.
RESPECT for each other and our environment.
TOLERANCE to accept those things that are different.
RESILIENCE to bounce back when something bad happens.

WITH COMPLIMENTS

Dear Parent/Guardian,

Please complete the enclosed Enrolment, Medical, General Consent and Head Lice Consent forms; together with an Asthma Management Plan, if relevant.

It is a legal requirement for the school to hold a copy of your child's **full birth certificate and Immunisation History Statement**, which needs to be provided at your earliest convenience. Birth Certificate application forms are available at Australia Post or on line and Immunisation History Statements can be obtained from your Local Council or Medicare.

We look forward to meeting your family and extend a warm welcome to our school community.

Greg Sampson
Principal

DIMBOOLA PRIMARY SCHOOL

STUDENT ENROLMENT INFORMATION – 2010	Computer Generated Student ID:	
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STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

Surname:		Title: (Miss Ms Mr)	
First Given Name:			
Second Given Name:			
Preferred Name (if applicable):			
❖ Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth Date: (dd-mm-yyyy) _____ / _____ / _____
Student Mobile Number:			

PRIMARY FAMILY HOME ADDRESS:

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

OFFICE USE ONLY

Child's Name and Birth Date proof sighted (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrolment Date:	
Year Level	Home Group	Timetabling Group	House	Campus	
Student Email Address:					
Immunisation Certificate received?: (tick)		<input type="checkbox"/> Complete	<input type="checkbox"/> Not sighted		
Is there a Medical Alert for the student? (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Does the student have a Disability ID Number? (tick)		<input type="checkbox"/> No	<input type="checkbox"/> Yes	Disability ID No.:	

FAMILY DETAILS

List any other family members attending this school:

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

PRIMARY FAMILY DETAILS

NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with". Additional and Alternative family forms are available from the school if this is required. These additional forms are designed to cater for varying family circumstances. As the School Start Bonus will be sent to the 'Primary Carer' of Prep and Year 7 students, it is imperative that the legal surname, legal first name and legal second name are recorded.

ADULT A DETAILS (PRIMARY CARER):

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 A's occupation?
Who is Adult A's employer?
In which country was Adult A born? <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):
❖Does Adult A speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick) <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):
Please indicate any additional languages spoken by Adult A:
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
❖What is the highest year of primary or secondary school Adult A has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.) <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below
❖What is the level of the highest qualification the Adult A has completed? (tick one) <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification
❖What is the occupation group of Adult A? Please select the appropriate parental occupation group from the attached list. • If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. • If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.

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? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick) <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):
Please indicate any additional languages spoken by Adult B:
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
❖What is the highest year of primary or secondary school Adult B has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.) <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below
❖ What is the level of the highest qualification the Adult B has completed? (tick one) <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification
❖What is the occupation group of Adult B? Please select the appropriate parental occupation group from the attached list. • If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. • If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.

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

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

PRIMARY FAMILY CONTACT DETAILS

ADULT A CONTACT DETAILS:

Business Hours:

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

After Hours:

Is Adult A usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		
Adult A's preferred method of contact: (tick one)		
<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Facsimile
Email address:		
Fax Number:		

ADULT B CONTACT DETAILS:

Business Hours:

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

After Hours:

Is Adult B usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		
Adult B's preferred method of contact: (tick one)		
<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Facsimile
Email address:		
Fax Number:		

PRIMARY FAMILY MAILING ADDRESS:

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

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

PRIMARY FAMILY DOCTOR DETAILS:

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

PRIMARY FAMILY EMERGENCY CONTACTS:

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

PRIMARY FAMILY BILLING ADDRESS:

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

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

OTHER PRIMARY FAMILY DETAILS

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

The student lives with the Primary Family: (tick one)
<input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced <input type="checkbox"/> Occasionally <input type="checkbox"/> Never

Send Correspondence addressed to: (tick one)	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both Adults	<input type="checkbox"/> Neither
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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.

DEMOGRAPHIC DETAILS OF STUDENT

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

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

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

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

Student's Religion:
Will the student participate in Religious Instruction classes? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No

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

SCHOOL DETAILS

Date of first enrolment in an Australian School: _____ / _____ / _____	
Name of previous School:	
Years of previous education:	What was the language of the student's previous education?
Does the student have a Victorian Student Number (VSN)?	
<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="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Years of interruption to education:	Is the student repeating a year? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the student be attending this school full time? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, what will be the time fraction that the student will be attending this school? (i.e: 0.8 = 4 days/week)	
Other school Name:	Time fraction: 0. Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other school Name:	Time fraction: 0. Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No

CONDITIONAL ENROLMENT DETAILS

In some circumstances a child may be enrolled conditionally, particularly if the required enrolment documentation to determine the shared parental responsibility arrangements for a child is not provided. Please refer to Section 4.1.2.6 of the Victorian Government Schools Reference Guide for more information

(<http://www.education.vic.gov.au/management/governance/referenceguide/default.htm>).

Enrolment conditions
<ul style="list-style-type: none"> • •

OFFICE USE ONLY

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

STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

Is the student at risk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Is there an Access Alert for the student? (tick)	<input type="checkbox"/> Yes (If Yes, then complete the following questions and present a current copy of the document to the school.)	<input type="checkbox"/> No (If No, move to the immunisation / medical condition details questions.)		
Access Type: (tick)	<input type="checkbox"/> 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? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If Yes, then describe the Activity Restriction:				

OFFICE USE ONLY

Current custody document placed on student file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school; I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to: (cross out any unacceptable statement)

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

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

STUDENT MEDICAL DETAILS

MEDICAL CONDITION DETAILS:

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

ASTHMA MEDICAL CONDITION DETAILS:

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

Please indicate if the student suffers from any of the following symptoms: (tick) <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 these 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? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of medication taken:	
Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick)			<input type="checkbox"/> Preventative <input type="checkbox"/> Response
Indicate the usual dosage of medication taken:		Indicate how frequently the medication is taken:	
Medication is usually administered by: (tick) <input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other			
Medication is stored: (tick) <input type="checkbox"/> with Student <input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere			
Dosage time	Reminder required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	Poison Rating	

OTHER MEDICAL CONDITIONS

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

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

STUDENT DOCTOR DETAILS

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

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

STUDENT EMERGENCY CONTACTS

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

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

TRAVEL DETAILS FOR SPECIAL SCHOOLS

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

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

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

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

PARENTAL OCCUPATION GROUP CODES

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

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

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

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

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

Defence Forces Commissioned Officer

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

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

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

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

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

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

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

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

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

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

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

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

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

Skilled office, sales and service staff:

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

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

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

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

Office assistants, sales assistants and other assistants:

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

Labourers and related workers

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



DIMBOOLA PRIMARY SCHOOL **GENERAL CONSENT FORM**

Schools often need to seek parental permission to cover a wide range of activities and situations. We hope that by placing most of the potential situations on one sheet it will save time and paper. Please read, sign and date and return to the class teacher ASAP. Thank you

CHILD'S NAME:.....

CLASS TEACHER:.....

PERMISSION TO ACT IN THE EVENT OF A MEDICAL EMERGENCY

In the event of a medical emergency. I hereby give permission for the school to take the appropriate action.

YES

NO

PERMISSION TO BORROW LIBRARY BOOKS

I give permission for my child to borrow books from the library and I accept responsibility for any book damaged or lost by my child.

YES

NO

PERMISSION TO BE PHOTOGRAPHED

I give permission for my child to be photographed, either individually or in groups (by still, digital or video camera), whether the photograph be taken for school purposes e.g. school assembly, camps, excursions, class activities, intranet, website, local newspapers, The Education Times or by a commercial photographer selected by the school. I understand that this general consent form does not commit me to accept, with a view to purchase, any photograph that may be subsequently taken of my child.

YES

NO

Continued over page...

SCHOOL YARD SUPERVISION

I understand that the schoolyard is supervised from 8.45am until 3.30pm and that the school cannot accept responsibility for children in the yard outside of these times.

YES

NO

CODE OF CONDUCT

I am aware of the Code of Conduct Booklet that my child needs to follow whilst attending Dimboola Primary School.

YES

NO

PERMISSION TO PARTICIPATE IN LOCAL EXCURSIONS

I consent to my child taking part in local excursions (within the Dimboola Township) during the school year for educational purposes and for sporting events. Parents will be notified in advance of any local excursion and parents may exclude their children if so desired.

YES

NO

INTERNET PROTOCOL

I understand that Internet access is designed for educational purposes at Dimboola PS. I understand that the school will provide adequate supervision and that steps are in place to minimise risk of exposure to unsuitable material.

I give permission for my child to:

- Access the Internet for information within their classroom program
- Send and receive external emails from other Primary School students
- Send and receive external emails from other people and organizations as approved by their teacher
- Have their written work and/or artwork published on the Internet using their first name only
- Appear, unnamed in photographs on the Internet

YES

NO

PARENT/GUARDIAN NAME.....

SIGNATURE..... DATE.....

*'We strive to build a strong school community
of enthusiastic learners.'*



- HONESTY** in all of our actions.
- RESPECT** for each other and our environment.
- TOLERANCE** to accept those things that are different.
- RESILIENCE** to bounce back when something bad happens

CONSENT FORM TO CONDUCT HEAD LICE INSPECTIONS

**Permission will cover the duration of the student's enrolment at
Dimboola Primary School.**

Dimboola Primary School has developed a parent-managed head lice program. All volunteer parents sign a confidentiality agreement to ensure privacy for all students and their families.

We would like your child(ren) to be included in our screening program that will be conducted by trained parents. The person conducting the inspection will physically search through each student's hair to see if any lice or eggs are present.

In cases where head lice are found, the person inspecting the student will inform the principal who will then contact the parent/guardian to ask them to collect their child(ren), or seek permission to treat with a Robicomb until more thorough treatment can be conducted at home.

Please note: The Health Department requires that a child detected with live head lice should not return to school until appropriate treatment has been undertaken.

Please complete the permission form and return it to the school as soon as possible.

Thank you,

Greg Sampson
Principal

Names of children attending the school:

.....

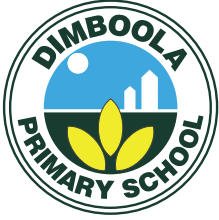
.....

.....

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

Parent/guardian's name.....

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



PO Box 241
DIMBOOLA 3414
Phone: Dimboola (03) 5389 1270
Fax: (03) 5389 1399
Email: dimboola.ps@edumail.vic.gov.au

PERMISSION WILL COVER THE DURATION OF THE STUDENT'S ENROLMENT

Confidential medical information to be used by the school for local excursions only.

This information is intended to assist the school in the case of any medical emergency. All information is held in confidence. *Under the Information Privacy Act 2000 and the Health Records Act 2011*, schools have a duty to protect the privacy of the individual with the regard to their personal and health information. All the personal and health information collected by this form will be kept confidential and only used for the purpose of providing appropriate care of your child. Health information is asked for so that staff can properly care for the student and withholding health information that may be required can put the student's health at risk.

Child's name: _____

Date of birth: _____ School year: _____

Parent/guardian's full name: _____

Address: _____

Postcode: _____

Emergency telephone numbers: _____ business hours: _____

Name and address of family doctor: _____

Medical/Hospital Insurance Fund: _____

Contribution No: _____ Medicare No: _____

Ambulance No: _____

Please tick if your child suffers any of the following:

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

Allergies to:

Penicillin: _____ Other drugs: _____

Any foods: _____

Other: _____

Any special care needed: _____

Continued over the page.....

Tetanus immunisation: year of last tetanus immunisation _____ (tetanus immunisation is normally given at four years of age (as Infanrix vaccine) and at fifteen years of age (as ADT vaccine))

Tablets and medicines:

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

If YES, please state name of medication, dosage etc. _____

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

CONSENT TO MEDICAL ATTENTION

Where the teacher in charge of the excursion is unable to contact me or it is otherwise impracticable to contact me, I authorise the teacher-in-charge to:

- consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner.
- administer such first aid as the teacher in charge may judge to be reasonably necessary.

Signature of parent/guardian: _____

Date: _____

Asthma care plan for education and care services

Photo of child
(optional)

CONFIDENTIAL: Staff are trained in asthma first aid (see overleaf) and can provide routine asthma medication as authorised in this care plan by the treating doctor. Please advise staff in writing of any changes to this plan.

To be completed by the treating doctor and parent/guardian, for supervising staff and emergency medical personnel.

PLEASE PRINT CLEARLY

Date of approval: July 2014
Approved by: CEO Asthma Australia
Date of review: July 2016

AA Care Plan for Ed-Care-Serv 0714
July 16, 2014 9:14 PM

Child's name

Date of birth

Managing an asthma attack

Staff are trained in asthma first aid (see overleaf). Please write down anything different this child might need if they have an asthma attack:

Daily asthma management

This child's usual asthma signs

- Cough
- Wheeze
- Difficulty breathing
- Other (please describe)

Frequency and severity

- Daily/most days
- Frequently (more than 5 x per year)
- Occasionally (less than 5 x per year)
- Other (please describe)

Known triggers for this child's asthma (eg exercise, colds/flu, smoke) — please detail:*

Does this child usually tell an adult if s/he is having trouble breathing? Yes No

Does this child need help to take asthma medication? Yes No

Does this child use a mask with a spacer? Yes No

*Does this child need a blue reliever puffer medication before exercise? Yes No

Medication plan

If this child needs asthma medication, please detail below and make sure the medication and spacer/mask are supplied to staff.

Name of medication and colour	Dose/number of puffs	Time required

Doctor

Name of doctor

Address

Phone

Signature

Date

Parent/Guardian

I have read, understood and agreed with this care plan and any attachments listed. I approve the release of this information to staff and emergency medical personnel. I will notify the staff in writing if there are any changes to these instructions. I understand staff will seek emergency medical help as needed and that I am responsible for payment of any emergency medical costs.

Signature

Date

Name

Emergency contact information

Contact name

Phone

Mobile

Email

Asthma First Aid

1 Sit the person upright

- Be calm and reassuring
- Do not leave them alone



2 Give 4 separate puffs of blue/grey reliever puffer

- **Shake** puffer
- Put **1 puff** into spacer
- Take **4 breaths** from spacer

Repeat until 4 puffs have been taken

Remember: Shake, 1 puff, 4 breaths

OR Give 2 separate doses of a Bricanyl inhaler (age 6 & over) or a Symbicort inhaler (over 12).



3 Wait 4 minutes

- If there is no improvement, give **4 more separate puffs of blue/grey reliever** as above

(OR give 1 more dose of Bricanyl or Symbicort inhaler.)



4 If there is still no improvement call emergency assistance (DIAL 000)

- Say 'ambulance' and that someone is having an asthma attack
- Keep giving **4 separate puffs** every **4 minutes** until emergency assistance arrives

(OR 1 dose of Bricanyl or Symbicort every 4 minutes — up to 3 more doses of Symbicort).



Call emergency assistance immediately (DIAL 000)

- If the person is not breathing
- If the person's asthma suddenly becomes worse, or is not improving
- If the person is having an asthma attack and a reliever is not available
- If you are not sure if it's asthma
- If the person is known to have Anaphylaxis - follow their Anaphylaxis Action Plan, then give Asthma First Aid.

Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma



Asthma Australia

Contact your local Asthma Foundation

1800 ASTHMA (1800 278 462) asthmaaustralia.org.au

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Translating and
Interpreting Service
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1 / 8 / 2016

Dear Parents / Carers,

I am writing to you to introduce myself as your Koorie Engagement Support Officer (**KESO**) for **Dimboola Primary School**. My name is Nola Illin I am a proud Aboriginal woman from North Queensland. I'm also a proud mother of two Wotjobaluk kids, my daughter is in year 9 and my son is in grade 5, I have lived in the Wimmera area for 20+ years, that's just a little bit about me.

The role of the **KESO** is to support all Aboriginal and/or Torres Strait Islander students, their parents/carers and staff from schools and early years services to improve Koorie education outcomes. Examples include:

- Attending Individual Education Plan (IEP) or Student Support Group (SSG) meetings;
- Supporting and providing advice to schools and early years services, in partnership with families, about celebrating the cultural identity of Aboriginal and/or Torres Strait Islander students;
- Encouraging the involvement of parents/carer in education decision making through the Halls Gap and Horsham & Wimmera Local Aboriginal Education Consultative Groups (LAECGs), parent groups, school councils, kindergarten committees, and Delkaia Aboriginal Best Start;
- Supporting schools and early years services to better support students; and
- Providing advice on locally available and culturally appropriate services and community programs.

The role of parents/carers as their child's first teacher is critically important; we want their early learning experiences to set them up for life. Attending Playgroups and Kindergarten helps our children transition into Primary school. Transition stages and regular attendance at Primary and Secondary school is also very important for students to succeed.

The provision of support through my **KESO** role is voluntary and Koorie students and parents/carers will need to provide their informed consent for me to make contact in relation to KESO services. Can you please fill in the attached consent form and return to your school if you would like to receive **KESO** support.

If you need my support, please don't hesitate in contacting me on the details below and I will respond to your query as soon as I can.

Kind regards,

Nola Illin - Koorie Engagement Support Officer
Horsham Sub-Regional Office

Service Support Branch, Western District Area
South Western Victoria Region

T: (03) 5310 5300 | M: 0457 520 390

E: illin.nola.n@edumail.vic.gov.au

W: www.education.vic.gov.au

Consent Form – Accessing services and support from the KESO

Required, before KESO support can be provided

Consent can be provided by returning the bottom section to the Administration staff at your school, marked attention to Nola Illin, **KESO**.

I give permission for the Koorie Engagement Support Officer (**KESO**) – Nola Illin to contact me or my Son/Daughter: _____ to:

- provide Koorie education services and support Yes /
No
- to contact me to arrange a home visit Yes /
No
- to attend Individual Education Plan (IEP) Meetings Yes /
No
- to attend Student Support Group (SSG) Meetings Yes /
No
- to forward to me or my child/ren Koorie education related information Yes /
No
- to forward to me information about the Halls Gap or Horsham & Wimmera LAECG Yes /
No

My preferred contact details are:

Mother (Name) : _____ Phone: _____

Father (Name) : _____ Phone: _____

Guardian (Name) : _____ Phone: _____

Parent/guardian signature (consent/agreement): _____

Date: ____ / ____ / ____