



STUDENT ENROLMENT BOOKLET

Please Read This Notice Before Completing The Enrolment Form.

**For Accuracy and Completeness both the student seeking enrolment
and a Parent/Carer should complete the form.**

This confidential enrolment form asks for personal information about the student, family members and others that provide care for them. The main purpose for collecting this information is so that we can register the student and allocate staff and resources to provide for their educational and support needs.

Health information is asked for so that staff at South Oakleigh College can properly care for the student. This includes information about any medical condition or disability the student may have, medication they may rely on while at school, any known allergies and contact details of the student's doctor. We depends on all relevant health information being provided because withholding some health information may put the student's health at risk.

South Oakleigh College 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 us. Please tell us as soon as possible about any changes to these arrangements.

Emergency Contacts

These are people that we 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 us.

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 we 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, reporting, 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.

Religious Affiliation

If a student wants to receive religious instruction while at South Oakleigh College please complete this section. The Department of Education & Training needs to know what type of religious instruction is sought so the Department can, where possible, provide appropriate religious instruction.

Visa status

This information is required to enable us to process the student's enrolment.

Updating Your School

Please let us know if any information needs to be changed by sending updated information to the school office. During the student's time at South Oakleigh College, we will also send home copies of enrolment information held by us. Please use this opportunity to let us know of any changes.

Access To The Student Record Held By School

In most circumstances the student can access records about them that are held by South Oakleigh College. 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 South Oakleigh College. We can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form. This form is available on request.

SOUTH OAKLEIGH COLLEGE

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	Hous	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.:	
Has a Transition Statement been provided (either by the Early Childhood Educator or parents)? (tick) For prep students only		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending	

FAMILY DETAILS

List any other family members attending this school:
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❖ This question is asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.

PRIMARY FAMILY DETAILS

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

ADULT A DETAILS (PRIMARY CARER):

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):
❖ Main language spoken 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'.)
4. <input type="checkbox"/> Year 12 or equivalent 3. <input type="checkbox"/> Year 11 or equivalent 2. <input type="checkbox"/> Year 10 or equivalent 1. <input type="checkbox"/> Year 9 or equivalent or below
❖ What is the level of the highest qualification the Adult A has completed? (tick one)
7. <input type="checkbox"/> Bachelor degree or above 6. <input type="checkbox"/> Advanced diploma / Diploma 5. <input type="checkbox"/> Certificate I to IV (including trade certificate) 8. <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.

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 (please specify):
❖ Main language spoken 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'.)
4. <input type="checkbox"/> Year 12 or equivalent 3. <input type="checkbox"/> Year 11 or equivalent 2. <input type="checkbox"/> Year 10 or equivalent 1. <input type="checkbox"/> Year 9 or equivalent or below
❖ What is the level of the highest qualification the Adult B has completed? (tick one)
7. <input type="checkbox"/> Bachelor degree or above 6. <input type="checkbox"/> Advanced diploma / Diploma 5. <input type="checkbox"/> Certificate I to IV (including trade certificate) 8. <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 paid work for the last 12 months, enter 'N'.

• If the person has not been in paid 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

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)

PRIMARY FAMILY CONTACT DETAILS

ADULT A CONTACT DETAILS:

Business Hours:

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

ADULT B CONTACT DETAILS:

Business Hours:

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

After Hours:

Is Adult A usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone No:	
Other After Hours Contact Information:	
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:	

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)

Always Mostly Balanced Occasionally Never

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

DEMOGRAPHIC DETAILS OF STUDENT

❖ In which country was the student born?	
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify): _____
Date of arrival in Australia OR Date of return to Australia: (dd-mm-yyyy) ____ / ____ / ____	
What is the Residential Status of the student? (tick) <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
Basis of Australian Residency:	
<input type="checkbox"/> Eligible for Australian Passport <input type="checkbox"/> Holds Australian Passport	
<input type="checkbox"/> Holds Permanent Residency Visa (must provide a copy of the 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)	
❖ Main language spoken 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):	

- At home with TWO Parents/ Guardians State Arranged Out of Home Care # (See Note)
 At home with ONE Parent/ Guardian Homeless Youth
 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:

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

S

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="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? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the student be attending this school full time? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, what will be the time fraction that the student will be attending this school? (i.e: 0.8 = 4 days/week)	
Other school Name: _____	Time fraction: 0. _____ Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other school Name: _____	Time fraction: 0. _____ Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No

CONDITIONAL ENROLMENT DETAILS

In some circumstances a child may be enrolled conditionally, particularly if the required enrolment documentation to determine the shared parental responsibility arrangements for a child is not provided. Please refer to the School Policy & Advisory Guide's Admission page for more information

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

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

ACCESS OR ACTIVITY RESTRICTIONS DETAILS

STUDENT

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

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: ____ / ____ / ____

MEDICAL DETAILS

MEDICAL CONDITION DETAILS:

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

ASTHMA MEDICAL CONDITION DETAILS:

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

Please indicate if the student suffers from any of the following symptoms: (tick)	If my child displays any of these symptoms please: (tick)
<input type="checkbox"/> Cough	Inform Doctor <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Difficulty Breathing	Inform Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Wheeze	Administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Exhibits symptoms after exertion	Other Medical Action <input type="checkbox"/> Yes <input type="checkbox"/> No

STUDENT

<input type="checkbox"/> Tight Chest	If yes, please specify:		
Has an Asthma Management Plan been provided to School?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student take medication? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of medication taken:		
Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick) <input type="checkbox"/> Preventative <input type="checkbox"/> Response			
Indicate the usual dosage of medication taken:		Indicate how frequently the medication is taken:	
Medication is usually administered by: (tick) <input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other			
Medication is stored: (tick) <input type="checkbox"/> with Student <input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere			
Dosage time	Reminder required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	Poison Rating	

OTHER MEDICAL CONDITIONS

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

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

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:

STUDENT

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				

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: ____ / ____ / ____



STUDENT IMAGE CONSENT FORM

Dear Parents and Guardians

A number of publications are used to promote the College's programs and student achievements. These publications include images of students *without names being attached*. During your child's time at South Oakleigh College we may take photographs and videos to showcase various events at the College. These images may be used in (and are not limited to) publicity brochures, newsletters, and the College's Facebook, Instagram and Website.

Occasionally the College holds events with external agencies that may wish to take photos or clips of the students *without names being attached* for their publications.

Please contact the College if you do not wish your child's image to be used for publicity purposes.

Yours sincerely

Helen Koziaris
College Principal

Please return to south.oakleigh.sc@education.vic.gov.au by Friday 18 September 2020

I hereby give permission for my child's (name) _____ images to be used for publicity.

This includes:

- Website
- Social Media: Facebook & Instagram
- Other Promotional Material

Parent's name: _____

Parent or Guardian's signature: _____ Date _____

To stay up-to-date with all things South Oakleigh please FOLLOW or LIKE our social media accounts:

INSTAGRAM: @south.oakleigh.sc

FACEBOOK: South Oakleigh Secondary College

SOUTH OAKLEIGH
COLLEGE



SPORT AND EXCURSION PERMISSION FORM

Dear Parents and Guardians

South Oakleigh College values the importance of promoting students' learning experiences beyond the classroom; as such, several excursions across the school year have been organised to support the content being taught within the College Curriculum. Excursions form an integral part of providing an engaging curriculum and are compulsory events.

Details of all scheduled excursions will be communicated to parents via Compass at least four weeks prior to the excursion taking place. In some circumstances this may vary. Parents can pay for excursions through Compass or at the General Office.

All details relating to an excursion that your child may be attending can be viewed on Compass as they arise. Should you have any questions regarding a scheduled excursion, we ask that you contact the staff member responsible for organising the excursion.

By completing the slip below, you provide consent for your child to attend all sporting events and scheduled excursions in all Learning Areas during your child's time at South Oakleigh College.

We look forward to continuing to provide your child with engaging learning experiences both inside and outside of the College.

Yours Sincerely



Helen Koziaris
Principal



Anthony Katsianos
Assistant Principal



Mark Picone
Assistant Principal

Please return to south.oakleigh.sc@education.vic.gov.au by Friday 18 September 2020

I give permission for my child (name)_____ to attend all excursions and sport events whilst being enrolled as a student at South Oakleigh College. I authorise the teacher in charge to consent, where it is impractical to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary in an emergency.

Parent's name: _____ Parent's Signature: _____

Date: _____

MICROSOFT OFFICE 365 EDUCATION - PRIVACY INFORMATION AND CONSENT FORM

South Oakleigh College uses Office 365 Education in the classroom. Office 365 Education is an internet based service provided by Microsoft for educational purposes only. It provides students and teachers with access to online services such as email, calendar, blogging, online document storage (for school work), sharing, messaging and video-conferencing facilities from school, and at home. Office 365 for Education includes the following online services:

Office 365 Education ('online services')

1.Exchange online email

6.Yammer

2.Lync online

7.Office video

3.SharePoint online

8.OneNote Classroom

4.OneDrive for Business

9.Microsoft Classroom

5.Microsoft Office apps

10.Sway

Terms and conditions

Microsoft Online Services Terms and privacy information can be found by clicking on the links opposite:

<http://www.microsoft.com/en-us/licensing/productlicensing/products.aspx>

<http://office.microsoft.com/en-us/business/office-365trust-center-cloudcomputing-securityFX103030390.aspx>

<http://office.microsoft.com/en-us/business/office-365trust-center-top-10-trusttenets-cloud-security-andprivacy-FX104029824.aspx>

Consent for Microsoft to access specific personal information of your child

We seek your consent for your child to use the above stated Office 365 Education online services. To enable your child to sign-on and access these services, Microsoft require access to your child's Department of Education & Training username, first and last name, year level and school.

If you do not provide consent, your child will not have access to the online services and alternate arrangements for allocating work will be made.

Please contact the College if you do not consent for your child to use Office 365 Education online services.

Parental access to Personal Information

The Department of Education and Training's ('Department') use and handling of your child's personal information is governed by the *Privacy and Data Protection Act 2014 & Health Records Act 2001(Victoria)*. You can access personal information held by the Department about you and your child under the *Freedom of Information Act 1982 (Victoria)*. If a mistake in that personal information is identified, the Department is required to correct it under the *Privacy and Data Protection Act 2014* .

Microsoft's Online Services Terms provides further information on how Microsoft may use your child's personal information.

Providing a safe online environment

Use of online services will be subject to classroom supervision during school hours. A 'Report Abuse' facility will be provided for students to report unacceptable behaviour. A nominated member of staff will address the issue **during school hours**.

To further assist your child in having safe and positive experiences online, you can refer to parent information on the Australian Government's Office of the Children's eSafety Commissioner website: <https://esafety.gov.au/>

In addition, staff at our school have been advised that the use of Office 365 Education is strictly for teaching and learning material only (e.g. lesson plans and classwork) and staff do not upload your child's personal, sensitive, health; or security classified information into Office 365 Education.

Student responsibilities when using online services

When using Office 365 Education, students continue to be responsible for their behaviour as outlined in our school's Students Acceptable Use Agreement. The main themes of this agreement are:

- Communicate respectfully; • Protect personal information; and
- Look after yourself and others.

Acknowledgement and Consent for student use of online services

If you have read the information about the online services and currently **do not** consent for your child to access the online services, please contact the College so a member of staff can clarify any of your concerns over the Office 365 Education online service and confirm your position in the Learning Technologies program.

By not contacting the College, you acknowledge, consent and confirm that:

- You have received and read this Privacy Information and Consent Form – Office 365 Education. • You understand how your child’s personal information will be collected, used, disclosed and managed.
- You understand that this consent will continue while your child is involved in the use of the consented online services.
- You understand that this consent on behalf of your child may be withdrawn at any time by written notification to the school.
- You understand that if the school determines that the personal information is no longer required or relevant, the use of the personal information will cease.

Acceptable Digital Technology Usage Agreement

Cybersafety is an important issue for all students. By the time students arrive at secondary school most will already be regular and active users of digital technologies including social media tools such as Facebook.

PART A: SCHOOL PROFILE STATEMENT

South Oakleigh College recognises the need for students to be safe and responsible users of digital technologies. We believe that explicitly teaching students about safe and responsible online behaviours is essential and is best taught in partnership with parents and guardians. We request that parents and guardians work with us and encourage this behaviour at home.

At South Oakleigh College we:

- support the rights of all members of the school community to engage in and promote a safe, inclusive and supportive learning environment
 - have a Student Engagement Policy that clearly states our school’s values and the expected standards of student behaviour, including actions and consequences for inappropriate behaviour
 - educate our students to be safe and responsible users of digital technologies
 - raise our students’ awareness of issues such as online privacy, intellectual property and copyright
 - supervise students when using digital technologies for educational purposes
 - provide a filtered internet service but acknowledge that full protection from inappropriate content can never be guaranteed
 - respond to issues or incidents that have the potential to impact on the wellbeing of our students
- know that some online activities are illegal and as such we are required to report this to the police
- provide parents and guardians with a copy of this agreement
 - support parents and guardians to understand the importance of safe and responsible use of digital technologies, the potential issues that surround their use and strategies that they can implement at home to support their child.

PART B: STUDENT DECLARATION

When I use digital technologies I agree to be a safe, responsible and ethical user at all times, by:

- respecting others and communicating with them in a supportive manner; and never writing or participating in online bullying (for example, forwarding messages and supporting others in harmful, inappropriate or hurtful online behaviours)
- protecting my privacy; not giving out personal details, including my full name, telephone number, address, passwords and images
- protecting the privacy of others; never posting or forwarding their personal details or images without their consent

- talking to a teacher if I personally feel uncomfortable or unsafe online, or if I see others participating in unsafe, inappropriate or hurtful online behaviours
- carefully considering the content that I upload or post online; this is often viewed as a personal reflection of who I am
- investigating the terms and conditions (e.g. age restrictions, parental consent requirements). If my understanding is unclear I will seek further explanation from a trusted adult
- confirming that I meet the stated terms and conditions; completing the required registration processes with factual responses about my personal details
- handling ICT devices with care and notifying a teacher if any are damaged or require attention
- abiding by copyright and intellectual property regulations. If necessary, I will request permission to use images, text, audio and video and cite references
- not interfering with network systems and security, the data of another user or attempting to log into the network with a user name or password of another student
- not bringing to school or downloading unauthorised programs, including games.

In addition, when I use my personal mobile phone, I agree to be a safe, responsible and ethical user at all times, by:

- respecting others and communicating with them in a supportive manner; never participating in bullying verbally or in writing (for example, making harassing phone calls or text messages; supporting others in harmful, inappropriate or hurtful online behaviours by forwarding messages)
- storing my mobile phone safely in my locker or keeping it on silent and placing it in the tub provided in the classroom
- Storing my phone safely in my locker during recess and lunch time
- only making and answering calls before and after school unless permission from Principal class or Principal's delegate is given
- respecting the privacy of others; only taking photos or recording sound or video at school when I have formal consent or it is part of an approved lesson
- obtaining appropriate (written) consent from individuals who appear in images or sound and video recordings before forwarding them to other people or posting or uploading them to online spaces.

PART C: STUDENT COMMITMENT AND DEFINITION OF DIGITAL TECHNOLOGIES

This Acceptable Use Agreement applies to digital technologies, social media tools and learning environments established by our school or accessed using school-owned networks or systems, including (although are not limited to):

- school-owned ICT devices (e.g. desktops, laptops, printers, scanners)
- mobile phones
- email and instant messaging
- internet and intranet
- social-networking sites (e.g. Facebook, Instagram)
- video and photo sharing websites (e.g. YouTube, Instagram, Picasa)
- blogs
- micro-blogs (e.g. Twitter)
- forums, discussion boards and groups (e.g. Google groups, Teamviewer)
- Wikis (e.g. Wikipedia)
- Video on Demand (VOD) and podcasts

This Acceptable Use Agreement applies when I am using any of the above digital technologies at school, at home, at camps, and during school excursions and extra-curricular activities. For further support with online issues students can call Kids Helpline on **1800 55 1800**. Parents and carers call Parentline 132289 or visit www.cybersmart.gov.au.

I understand and agree to comply with the terms of acceptable use and expected standards of behaviour set out within this agreement. I understand that there are actions and consequences established within the South Oakleigh College Student Engagement Policy if I do not behave appropriately.

Student Name: _____

Student Signature: _____ Date: _____ Parent

Name: _____

Parent Signature: _____ Date: _____

Checklist

Please provide the following documents	Check
Passport or Birth certificate	
Visa (if applicable)	
Custody orders or any other Court orders (if applicable)	
If a student is asthmatic or anaphylactic an action plan completed by your doctor	

