



PRIMARY SCHOOL PRIVACY NOTICE

Please read this notice before completing Enrolment forms.

This confidential enrolment form asks for personal information about your child as well as your family members and others that provide care for your child. The main purpose for collecting this information is so that Wyndham Park PS can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Wyndham Park PS and the Department of education and Early Childhood Development are required by law to protect the information provided by this enrolment form.

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

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

Emergency Contacts:

These are people that Wyndham Park PS may need to contact in any 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 Wyndham Park PS.

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

Immunisation Status:

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

Visa Status:

This information is required to enable Wyndham Park PS to process your child's enrolment.

Updating your child's records

Please let Wyndham Park PS know if any information needs to be changed by sending updated information to the school office. Please contact us on 03 9741 4549 or by email Wyndham.park.ps@education.vic.gov.au to update any information. During your child's time with us, we will also send you copies of enrolment information held by us. Please use this opportunity to let us know of any changes.

Access to your child's record held by School

In most circumstances you can access your child's records. Please contact the Principal on 9741 4549 to arrange this. Sometimes access to certain information, such as information provided by some else, may require a Freedom of Information request. We will advise you if this is required and tell you how you can do this.

If you have any concerns about the confidentiality of this information please contact the Principal. Wyndham Park PS can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form. The Wyndham Park PS privacy policy is available on request.

WYNDHAM PARK PRIMARY SCHOOL



STUDENT ENROLMENT INFORMATION – 20__

Computer Generated Student ID:

STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

Surname:		Title: (Miss Ms, Mrs, Mx, Mr)	
First Given Name:			
Second Given Name:			
Preferred Name (if applicable):			
❖ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____ (fill in blank)			
Student Mobile Number:		Birth Date: (dd-mm-yyyy)	___ / ___ / ___

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		House		
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 student received NDIS Support		<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Multiple Permissions Uploaded to System		<input type="checkbox"/> Yes	<input type="checkbox"/> No		

FAMILY DETAILS

List any other Siblings 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.

Please note Adult A will be the designated first contact for your child in cases or emergency. Please list the Parent most likely to be available to take our call as Adult A

ADULT A DETAILS (PRIMARY CARER):

Gender :	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> _____ fill in blank
Title: (Ms, Mrs, Mr, Mx, 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.			
<ul style="list-style-type: none"> 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'. 			

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:		
Mobile No:		
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult A's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)		
<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Phone
<input type="checkbox"/> Facsimile		
Email address:		
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fax Number:		

❖ 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

Adult B Details:

IF PARENTS DO NOT RESIDE AT THE SAME RESIDENCE PLEASE REQUEST AN ALTERNATIVE OR ADDITIONAL FAMILY FORM. COPIES OF COURT ORDERS OR PARENTING AGREEMENTS ARE REQUIRED UPON ENROLMENT.

Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____ fill in blank
Title: (Ms, Mrs, Mr, Mx, 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 paid work for the last 12 months, enter 'N'.	

**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:	
Mobile No:	
SMS Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adult B's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)	<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Facsimile
Email address:	
Email Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fax Number:	

PRIMARY FAMILY HOME ADDRESS:

No. & Street: or PO Box details			
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: (OTHER THAN PARENTS)

	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:	
Billing Email	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B	<input type="checkbox"/> Other (Please Specify)	

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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DEMOGRAPHIC DETAILS OF STUDENT

❖ In which country was the student born? *COPIES OF VISA DOCUMENTATION REQUIRED	
<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
Is the student a young carer (providing support/care for other family member/s)? (tick one)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
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 Health and Human Services and live in alternative care arrangements away from their parents. These DHHS-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.

SCHOOL DETAILS

Date of first enrolment in an Australian School:	____ / ____ / ____
Name of Kindergarten/Childcare Centre	
Name of previous School:	
Years of previous education:	What was the language of the student's previous education?

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 Library for more information <https://www2.education.vic.gov.au/pal/enrolment/policy>

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"/> Parenting Order	<input type="checkbox"/> Parenting Plan	<input type="checkbox"/> Intervention Order	<input type="checkbox"/> Protection Order
	<input type="checkbox"/> Informal Carer Stat Dec	<input type="checkbox"/> DHHS Authorisation	<input type="checkbox"/> Witness Protection Program 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 SUPPORT DETAILS

Does your child receive support from any External Agencies or Specialist Clinicians e.g.: Paediatrician, Early Intervention Services Yes No

If yes, please supply details

Does your child have NDIS Funding? Yes No

If yes, what services are provided under this Service?

- Speech Therapy - _____ (name & phone number of Clinician)
- Occupational Therapy _____ (name & phone number of Clinician)
- Psychologist - _____ (name & phone number of Clinician)
- Other _____ (name & phone number of Clinician)

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 Plan and Medication are required prior to student commencing.

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
<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: ANAPHYLAXIS AND/OR ALLERGY ACTION PLANS & MEDICATION ARE REQUIRED PRIOR TO STUDENT COMMENCING.

(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"/> 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

FOOD RESTRICTIONS:

Please list any food restrictions that your child may have (e.g.: cultural/religious/allergy/intolerance)

	Restricted Food	Reason for restriction E.g.: cultural/religious/allergy/intolerance
1		
2		

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 Primary 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: ____ / ____ / ____

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 / services administrator

fire

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)



Signature required

SCHOOL BASED PERMISSIONS:

1. **LOCAL WALKING EXCURSIONS:** From time to time throughout the year, a staff member may wish to take a group and/or class out of the school for a local walking excursion (e.g.: class visits to the local library, wetlands, local park etc.) The children will walk to the venue under supervision.
 - *I give permission for my child to attend any local walking excursions throughout the year. In the event of an accident or illness to my child, I authorise the staff in charge of the excursion to consent, where it is impossible to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.*

2. **STUDENT MEDICAL DETAILS: I understand that**
 - *It is my responsibility to inform the school of, and provide the school with any management plans for my child (e.g.: Asthma, Anaphylaxis, Allergy etc.)*
 - *Where students require ongoing medications, parents/guardians/carers are responsible for providing accurate written information regarding dispensing of medication. All medication must be clearly labelled with the student's name and required dosage in the original packaging.*
 - *If medication is to be administered by a staff member, a medical indemnity form must be filled in and signed by a partner/guardian/carer. You can get these forms from the school office.*
 - *To ensure that all school records are current, it is my responsibility to inform and provide the school with medical detail updates in relation to my child.*

3. **FOOD ALLERGIES / RESTRICTIONS: I understand that throughout the year my child may participate in the preparation or eating of food, e.g.: cooking, celebrating special events (i.e. birthdays) and learning about food and cultures.**
 - *It is my responsibility to inform the school if my child suffers from any allergies or religious restrictions.*

4. **PG RATED VIDEOS/DVDS: At certain times throughout the year the school will be showing videos or DVDs that have at PG rating:**
 - *I give permission for my child to watch PG videos or DVDs, if appropriate to the context of my child's learning.*

5. **BRINGING PERSONAL ITEMS TO SCHOOL: I understand that personal items and equipment (e.g.: family mementos, special toys, technology etc.) brought to school are not covered by any insurance and the School or Department of Education and Early Child Development (DEECD) will not pay for any loss or damage of such property. This also includes bikes, scooters and skateboards that need to be chained/secured in bike racks. NB: All helmets must be kept with school bags during school times.**

I have read and agreed to items 1-5

Name: _____ (Parent/Guardian/Carer)

Signed: _____ Dated: _____

INTERNET and EMAIL – ACCEPTABLE USE POLICY: The use of the Internet at Wyndham Park Primary School is a privilege. Inappropriate use will result in a loss of that privilege.
 Please read and discuss these guidelines with your child:

- **Internet Use:** *Students can only access internet sites under teacher supervision. Students are forbidden to access sites that would be offensive to parents, teachers and other students.*
- **Privacy:** *students must not disclose their identity, home address or phone number online*
- **Email:** *students should always send messages that are courteous and respectful as they are representing Wyndham Park Primary School.*
- **Respect:** *Students must respect the right of others and not read mail, files or use other people's passwords.*

I will discuss these guidelines with my child.

Signed _____ (Parent/Guardian/Carer)



Signature required

PHOTOGRAPHS TAKEN AT SCHOOL:

Within the School for School Use: Occasionally photographs of students are taken for special activities and we ask for your consent to use these images within our school.

- ***I give my permission for my child's photograph to be taken for the use in the school and for classroom activities***

Signed _____ (Parent/Guardian/Carer)

Within the wider Community: Occasionally photographs of students are taken for special activities that take place at the school by the media (usually local media) We ask for your permission to use these images and name of your child.

- ***I give my permission for my child's photograph to be taken by the media and used as publicity material in the media.***

Signed _____ (Parent/Guardian/Carer)

Internet: Occasionally photographs of students and student work are published on the school website, newsletter (posted on our website and Seesaw App) or school blog.

- ***I give my permission for my child's photograph and school work to be published on the school website, newsletter or school blog.***

Signed _____ (Parent/Guardian/Carer)

YEARBOOK: At the end of each year the school publishes a Yearbook. It is a yearly celebration of school events and activities, student group and individual sporting achievements. Each class group contributes to a page in the yearbook. Photos and names of students and student work are published in our yearbook.

- ***I give my permission for my child's photo, name and school work to be published in the school's yearbook.***

Signed _____ (Parent/Guardian/Carer)

HEADLICE INSPECTIONS: During your child's enrolment at Wynndham Park Primary School there may be outbreaks of head lice infestations. It may be necessary to inspect all students in a class. Staff members are aware that this can be a sensitive issue and will provide necessary information to students. The inspection will be conducted by a member of staff.

- *If lice are found, parents will be notified and provided with advice*
- ***I give my permission for my child to participate in a head lice inspection.***

Signed _____ (Parent/Guardian/Carer)



Signature required

WYNDHAM PARK PRIMARY SCHOOL ICT CODE OF CONDUCT ACCEPTABLE USE AGREEMENT for SCHOOL STUDENTS FOUNDATION – GRADE 2

As the ICT user at this school I will follow these rules including our school matrix:

I want to be a good computer user:

- o I will have clean hands when I use the computer
- o I will use gentle hands when I use the computer
- o I will ask for help when I don't know what to do
- o I will share the computer with classmates
- o I know that teachers might look at what I do on the computer
- o I will not tell anyone my password

When I use the Internet:

- o I will tell my parents about the things I do on the internet
- o I will stay on the web pages my teacher shows me
- o I won't tell people on the internet who I am or where I live
- o I will tell my teacher and my parents if I see something on the internet that makes me feel uncomfortable
- o I know that I can only use the computer if I am responsible.

Student Name: _____ Grade _____

Parent/Guardian Signature _____ Date _____

Teachers Signature _____ Date _____

GRADE 3 – GRADE 6

As the ICT user at this school I will follow these rules including our school matrix:

1. I will use the School computers only for the task I am meant to be doing and I will only access information that is useful to me in my learning.
2. I will take care of the School's ICT equipment
3. I will only use the software approved by the teacher
4. I will look after the environment by not wasting resources; for example by:
 - o Not printing more copies than I need
 - o Not downloading large files unnecessarily
5. I will log on the network using my account and I will keep my password/s to myself, and not use the passwords of others
6. I will not use the School Internet or network services to download, display, print, create, save or transmit material that:
 - o Use obscene, threatening or disrespectful language
 - o Are rude or abusive
 - o Cause offence to others or engage in bullying behaviour
 - o Are illegal or dangerous
7. If I accidentally come across something I am unhappy with I will immediately click on the home or back button and inform the teacher
8. I will not intentionally spread viruses across the network
9. I will not give out any personal information such as my surname, address and/or phone number or that of my parents or others unless I have permission from my parents/guardians
10. I will not publish a picture or email a picture of myself without first checking with the teacher
11. If I receive any messages that I do not like I will immediately tell a teacher
12. I know that the School may check my computer files and may monitor the internet sites I visit
13. I know that the School will take all reasonable precautions to ensure that I cannot access inappropriate materials
14. I know that the School will not be responsible for any loss of data or for the accuracy of the information I obtain through the School ICT
15. I will not copy other people's work and call it my own, including pictures and information I find on the internet and network.

If I break any of these rules, then I may be unable to use ICT at school and I will need to re-negotiate how and when I use ICT with the Principal.

Student Name: _____ Grade _____ Student Signature: _____

Parent/Guardian Signature _____ Date _____

Teachers Signature _____ Date _____