



Kerang Technical High School
A State Secondary College

Murray Street, Kerang 3579
Ph: 03 5452 1062 | Fx: 03 5452 2649
kerang.tech.hs@education.vic.gov.au
www.kerangths.vic.edu.au

ENROLMENT AT KERANG TECHNICAL HIGH SCHOOL

Please find attached enrolment forms for Kerang Technical High School.

Please note a meeting with the relevant sub-school Leader must be held prior to enrolment.

Please contact our Administration Office on 0354 521 062 to arrange a meeting with:

Junior School – Years 7 -9: Miss Zoe Ferrier

Senior School – Years 10-12: Mr Nathan Henry

We look forward to discussing your student in the near future.

Form to Enrol in a Victorian Government School

| | | |
|--|------------------------|----------------------------------|
| STUDENT ENROLMENT INFORMATION - 20 ____ | OFFICE USE ONLY | CASES21 Student ID: _____ |
|--|------------------------|----------------------------------|

The information requested in this form is required for enrolment purposes. This information is collected to plan for and support the educational needs of students.

This form should be completed by parents or carers who are responsible for enrolling their child. It is the responsibility of the person completing this form to consult with all other adults that need to be involved in the enrolment process. Parents or carers can co-sign the same form or complete separate forms if personal details are unable to be shared between them.

If required information is not provided or there is a dispute between parents or carers about a child's enrolment, the enrolling principal is required to consider the student's education and wellbeing when deciding whether to defer or accept the enrolment.

Only one enrolment form should be submitted per student. By completing and submitting this enrolment form, you are accepting a place for your child at the specified school (subject to any further checks required by the school).

All schools across Australia are expected to collect the same information. Questions marked with a ❖ are asked as a requirement of the Commonwealth Government to meet data collection, funding and reporting requirements under the Australian Education Regulations 2013.

STUDENT DETAILS

| | | | |
|--|-------------------------------|---|-----------------------|
| Surname: | _____ | | |
| First Given Name: | _____ | | |
| Second Given Name: (if applicable) | _____ | | |
| Preferred First Name: (if applicable) | _____ | | |
| ❖ Gender: | Male <input type="checkbox"/> | Female <input type="checkbox"/> | Self-described: _____ |
| Date of Birth: (dd-mm-yyyy) | _____ | Student Mobile Number: (if applicable) _____ | |

| |
|--|
| Which year are you seeking to enrol this student? |
| <input type="checkbox"/> Foundation <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Ungraded |

| |
|--|
| Intended start date: |
| <input type="checkbox"/> Day 1, Term 1 <input type="checkbox"/> Other: (dd-mm-yyyy) ____ / ____ / ____ |

| | | |
|--|---|--|
| Are you seeking to enrol the student at this school full-time? | <input type="checkbox"/> Yes (move to next section) | <input type="checkbox"/> No |
| If No, how many days a week would the student be attending this school? | | |
| If No, provide reason you are seeking part-time enrolment: | | |
| | | |
| If No, provide details for other schools: | | |
| Other school name: | Days / week: | Has enrolment been accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ |
| Other school name: | Days / week: | Has enrolment been accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ |

Student's Permanent Residence

Your child's permanent residence is the address where they spend the majority of their days during the school week. If they spend an equal amount of time at two addresses, both are considered their permanent address and your child will be entitled to enrol in the designated neighbourhood school for either address.

The school may make enquiries to verify the information provided, such as checking the electoral roll at an Australian Electoral Commission office or the Victorian Electoral Commission head office; checking with a real estate agent; or checking whether there are any regulations/codes limiting the number of people living at one residence, for example if a rental property is a studio or one bedroom unit.

| | |
|--|------------------|
| No. & Street Address: | |
| Suburb: | |
| State: | Postcode: |
| How often does this student live at this address? | |
| <input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced (50%) | |
| If the student lives at another address during the school week, please provide further details including the address, who they reside with, and how many days a week the student lives there: | |
| | |

Student Living Arrangements

| | |
|---|--|
| What are the student's living arrangements? | |
| <input type="checkbox"/> Student lives with parents/carers together at the same residence | <input type="checkbox"/> Student lives with each parent/carer at different times |
| <input type="checkbox"/> Student lives with one parent/carer only | <input type="checkbox"/> State Arranged Out of Home Care* |
| <input type="checkbox"/> Informal care arrangement# | <input type="checkbox"/> Student is independent |
| <input type="checkbox"/> Homeless Youth | |
| If the student has a Case Manager, please provide their contact details below: | |
| | |

* Students who live in court ordered alternative care arrangements away from their parents. These court ordered care arrangements include living with relatives or friends (kinship care), living with non-relative families (foster care or adolescent community placements), and living in residential care units.

If the student is living in an informal care arrangement, please contact the school for a Informal Carer's Statutory Declaration, which must be completed.

Siblings

A sibling is defined broadly and can include step-siblings and students residing together as part of a multiple family cohabitation or out-of-home-care arrangements, including foster care, kinship care and permanent care.

| | | |
|---|------------------------------|---|
| Does the student have any siblings at this school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No <i>(move to next section)</i> |
|---|------------------------------|---|

| Name | Current Year Level | Reside at same residential address as the student |
|------|--------------------|---|
| 1 | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| 2 | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| 3 | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| 4 | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |

Student Demographics

| | | |
|---|--|-----------------------------|
| Does the student speak English? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ❖ Does the student speak a language other than English at home? | | |
| <input type="checkbox"/> No, English only | | |
| <input type="checkbox"/> Yes (please specify the main language spoken at home): _____ | | |
| ❖ Is the student of Aboriginal or Torres Strait Islander origin? | | |
| <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)? * | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

* A young carer is a young person under 25 years of age who provides, or intends to provide care, assistance or support to a family member with mental illness, physical illness, disability, chronic illness, or who is aged or has an addiction

Student Residency Status

| | | |
|---|--|--------------------|
| ❖ In which country was the student born? | | |
| <input type="checkbox"/> Australia | <input type="checkbox"/> Other (please specify): _____ | |
| If born overseas, on what date did the student arrive in Australia? (dd-mm-yyyy) | ____ / ____ / ____ | |
| What is the student's residency status? * | | |
| <input type="checkbox"/> Australian citizen – holds Australian Passport | <input type="checkbox"/> Permanent Resident (provide visa details below) | |
| <input type="checkbox"/> Australian citizen – eligible for Australian Passport | <input type="checkbox"/> Temporary Resident (provide visa details below) | |
| <input type="checkbox"/> New Zealand citizen | | |
| Visa Sub Class: | Visa Expiry Date: (dd-mm-yyyy) | ____ / ____ / ____ |
| Visa Statistical Code: (Required for some sub-classes) | | |

*Note: An Australian birth certificate does not guarantee Australian residency or citizenship. Further information is available at www.passports.gov.au/getting-passport-how-it-works/documents-you-need/citizenship

| | | |
|---|---|-----------------------------|
| Does the student hold a Bridging Visa? | <input type="checkbox"/> Yes (provide further detail below) | <input type="checkbox"/> No |
| If Yes, what was the student's previous visa? | | |
| If Yes, what visa has the student applied for? | | |

| |
|--|
| International Student ID*: (Not required for exchange students) |
|--|

* Note: If you are unsure of your International Student ID, please contact the International Education Division via phone (03 9084 8497) or via email (international@education.vic.gov.au)

Students with Additional Learning and Support Needs

The Department of Education recognises that adjustments may be required for students with additional needs, including students with disability, so that they can participate at school. School personnel and parents or carers work together to identify the adjustments that may be needed to meet the student's learning and support needs.

| | |
|--|--|
| Does the student have additional needs and require support for learning? | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No (move to the next section) |
| Please indicate any adjustments that may assist the student to participate at school: | |
| | |

| | |
|--|--|
| Has the student had a disability assessment before? | No <input type="checkbox"/> Yes (<i>specify outcome</i>): _____ |
| Has the student received individualised disability funding before? | <input type="checkbox"/> No <input type="checkbox"/> Yes (<i>please specify</i>): _____ |
| Has any previous education provider prepared a documented plan to support the students additional learning needs? | <input type="checkbox"/> No Yes (<i>provide details</i>): _____ |

| | | | |
|--|----------------------------|-----------------------------|---|
| Does the student have additional needs in one of the following areas? | Hearing: | <input type="checkbox"/> No | <input type="checkbox"/> Yes (<i>please specify</i>): _____ |
| | Vision: | <input type="checkbox"/> No | <input type="checkbox"/> Yes (<i>please specify</i>): _____ |
| | Speech/Language: | <input type="checkbox"/> No | <input type="checkbox"/> Yes (<i>please specify</i>): _____ |
| | Physical: | <input type="checkbox"/> No | <input type="checkbox"/> Yes (<i>please specify</i>): _____ |
| | Cognitive/Learning: | <input type="checkbox"/> No | <input type="checkbox"/> Yes (<i>please specify</i>): _____ |
| | Social/Emotional: | <input type="checkbox"/> No | <input type="checkbox"/> Yes (<i>please specify</i>): _____ |

Previous Education – Students Enrolling in Foundation for the First Time

| | | |
|---|------------------------------|-----------------------------|
| Is the student attending a funded kindergarten program* in the year before Foundation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name of kindergarten or early childhood service: _____ | | |

* Note: A kindergarten program that is funded and approved by the Victorian Government, has a play-based learning program, and is run by a qualified teacher. Funded kindergarten programs can be found at www.education.vic.gov.au/findaservice

Previous Education – Other

| | | |
|--|---|--|
| Has the student previously been enrolled at another school? | <input type="checkbox"/> Yes, in Victoria – Government School | <input type="checkbox"/> Yes, in Victoria – Catholic or Independent School |
| | <input type="checkbox"/> Yes, interstate | <input type="checkbox"/> Yes, overseas |

| | |
|---|--|
| If Yes, name of last school attended: | _____ |
| If Yes, location of last school attended: (suburb/town/state/country) | _____ |
| If Yes, date of attendance: (dd-mm-yyyy) | _____/_____/_____ to _____/_____/_____ |
| If Yes, year levels of previous education: | _____ |

| | |
|--|-------|
| If the student studied overseas, what age did the student first start school? | _____ |
| What was the language of the student's previous education? | _____ |

| | | | | |
|---|-------|---|------------------------------|-----------------------------|
| Period of interruption to education: (months/years) | _____ | Is the student repeating a year level? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|-------|---|------------------------------|-----------------------------|

OFFICE USE ONLY

| | | | | | |
|---|-------------|--|---|---|---|
| Child's Name sighted: | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Enrolment Date: | |
| Year Level: | Home Group: | Timetabling Group: | House: | Campus: | |
| Student Email Address: | | | | | |
| Australian residency confirmed: | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sighted / provided | |
| Date of birth confirmed: | | <input type="checkbox"/> Yes – Birth certificate | <input type="checkbox"/> Yes – Doctor certificate | <input type="checkbox"/> Yes - Other | <input type="checkbox"/> Not sighted / provided |
| Does the student have a Disability ID number? | | <input type="checkbox"/> Yes (please specify): _____ | | | No |

| | | | | |
|---|---|--|----------------------------------|-----------------------------|
| For Foundation students, has a Transition Learning and Development Statement been provided? | <input type="checkbox"/> Yes, via Insight Assessment Platform | <input type="checkbox"/> Yes, direct from teacher/parent/carer | <input type="checkbox"/> Pending | <input type="checkbox"/> No |
|---|---|--|----------------------------------|-----------------------------|

| | | |
|---|--|--|
| Does the student have a Victorian Student Number (VSN)? | | |
| <input type="checkbox"/> Yes, please specify: _____ | <input type="checkbox"/> Yes, but the VSN is unknown | <input type="checkbox"/> No, the student has never been issued a VSN |

OFFICE USE ONLY - ADDITIONAL NOTES

Additional notes regarding the student's enrolment: (e.g. note if student information or documentation is missing and yet to be provided to the school)

PARENT/CARER DETAILS

Enrolling Adult 1

| | | | |
|-------------------|------|--------|-----------------------|
| Surname: | | Title: | |
| First Given Name: | | | |
| Gender: | Male | Female | Self-described: _____ |

| | |
|--------------------------------|-------------|
| No. & Street Address: | |
| Suburb: | |
| State: | Postcode: |
| Preferred language of notices: | |
| Mobile: | Work Phone: |
| Home Phone: | Email: |

| | | |
|---|-------------------------------------|-------------------------------|
| Can we contact Adult 1 during school hours? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is Adult 1 usually home during school hours? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| SMS Notifications: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Email Notifications: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Adult 1's preferred method of contact: <i>(Email shall be used for communication that cannot be sent via phone)</i> | | |
| <input type="checkbox"/> Mobile | <input type="checkbox"/> Email | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Home Phone | <input type="checkbox"/> Work Phone | |
| Specify any other special conditions or times related to contact? | | |

| | | |
|--------------------------------------|---------------------------------------|--|
| Relationship to student: | | |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Step 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: _____ | |

| | |
|--|--|
| In which country was Adult 1 born? | |
| <input type="checkbox"/> Australia | |
| <input type="checkbox"/> Other (please specify): _____ | |
| ❖ Does Adult 1 speak a language other than English at home? | |
| <input type="checkbox"/> No, English only | |
| <input type="checkbox"/> Yes (please specify): _____ | |
| Please indicate any additional languages spoken by Adult 1: | |
| Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | |
|--------------------------------|--------|----------------|
| Gi XYbh`jj Yg`k jh `5 Xi `hi1. | | |
| Always | Mostly | Balanced (50%) |
| Occasionally | | |

| |
|--------------------|
| Adult 1 Job Title: |
| Adult 1 Employer: |

| | |
|--|-----------------------------|
| Is Adult 1 interested in being involved in school group participation activities? (e.g., School Council, excursions) | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | |
|--|---|
| ❖ What is the highest year of primary or secondary school Adult 1 has completed? | |
| <input type="checkbox"/> Year 12 or equivalent | <input type="checkbox"/> Year 10 or equivalent |
| <input type="checkbox"/> Year 11 or equivalent | <input type="checkbox"/> Year 9 or equivalent or below / no schooling |
| ❖ What is the level of the highest qualification that Adult 1 has completed? | |
| <input type="checkbox"/> Bachelor degree or above | |
| <input type="checkbox"/> Advanced diploma / Diploma | |
| <input type="checkbox"/> Certificate I to IV (including trade certificate) | |
| <input type="checkbox"/> No non-school qualification | |
| ❖ What is the occupation group of Adult 1? Please select the appropriate current parental occupation group from the attached list at the end of the document. | |
| <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 list. If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. | |

Enrolling Adult 2

| | | | |
|--------------------------------|------|-------------|-----------------------|
| Surname: | | Title: | |
| First Given Name: | | | |
| Gender: | Male | Female | Self-described: _____ |
| No. & Street Address: | | | |
| Suburb: | | | |
| State: | | Postcode: | |
| Preferred language of notices: | | | |
| Mobile: | | Work Phone: | |
| Home Phone: | | Email: | |

| | | |
|---|-------------------------------------|-------------------------------|
| Can we contact Adult 2 during school hours? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is Adult 2 usually home during school hours? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| SMS Notifications: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Email Notifications: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Adult 2's preferred method of contact: <i>(Email shall be used for communication that cannot be sent via phone)</i> | | |
| <input type="checkbox"/> Mobile | <input type="checkbox"/> Email | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Home Phone | <input type="checkbox"/> Work Phone | |
| Specify any other special conditions or times related to contact? | | |

| | | |
|--------------------------------------|---------------------------------------|--|
| Relationship to student: | | |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Step 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: _____ | |

| | |
|--|--|
| In which country was Adult 2 born? | |
| <input type="checkbox"/> Australia | <input type="checkbox"/> Other (please specify): _____ |
| ❖ Does Adult 2 speak a language other than English at home? | |
| <input type="checkbox"/> No, English only | |
| <input type="checkbox"/> Yes (please specify): _____ | |
| Please indicate any additional languages spoken by Adult 2: | |
| Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | |
|---------------------------------|--------|----------------|
| Ghi XYbh`jj Yg`k jh `5 Xi `hi2. | | |
| Always | Mostly | Balanced (50%) |
| Occasionally | Never | |

| | |
|--------------------|--|
| Adult 2 Job Title: | |
| Adult 2 Employer: | |

| | |
|---|-----------------------------|
| Is Adult 2 interested in being involved in school group participation activities? <i>(e.g., School Council, excursions)</i> | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | |
|--|---|
| ❖ What is the highest year of primary or secondary school Adult 2 has completed? | |
| <input type="checkbox"/> Year 12 or equivalent | <input type="checkbox"/> Year 10 or equivalent |
| <input type="checkbox"/> Year 11 or equivalent | <input type="checkbox"/> Year 9 or equivalent or below / no schooling |

| | |
|--|--|
| ❖ What is the level of the highest qualification that Adult 2 has completed? | |
| <input type="checkbox"/> Bachelor degree or above | |
| <input type="checkbox"/> Advanced diploma / Diploma | |
| <input type="checkbox"/> Certificate I to IV (including trade certificate) | |
| <input type="checkbox"/> No non-school qualification | |

| | |
|--|--|
| ❖ What is the occupation group of Adult 2? Please select the appropriate current parental occupation group from the attached list at the end of the document. | |
| <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 list. If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. | |

Additional Parents/Carers

| |
|---|
| Are there additional parents/carers in the student's life? <input type="checkbox"/> Yes (provide details below) <input type="checkbox"/> No (move to next section) |
| Name of Adult 3: |
| Name of Adult 4: |

If yes, please complete the Adult 3 and/or Adult 4 sections as attachments to this form on pages 16-17. If required, you may request a separate form for additional parents/carers from the school. The separate form allows for the capture of four further parents/carers.

Emergency Contacts

Please provide emergency contacts in the event that the enrolling parents/carers are unavailable. Please ensure those listed as emergency contacts are aware that their information has been provided for this purpose.

| Name | Relationship <i>(Neighbour, Relative, Friend or Other)</i> | Telephone Contact | Language Spoken <i>(Write E for English)</i> |
|------|---|-------------------|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

Correspondence Details

| |
|--|
| Send correspondence addressed to: <i>(select one)</i> <input type="checkbox"/> Adult 1 <input type="checkbox"/> Adult 2 <input type="checkbox"/> Both Adults <input type="checkbox"/> Neither |
|--|

Billing Details

You are not required to make payments or voluntary financial contributions to your school. Schools may request payments for extra-curricular items and activities. For more information, please refer to www.vic.gov.au/school-costs-and-fees.

| | |
|--|------------------|
| Send any bills to: <i>(select one)</i> <input type="checkbox"/> Adult 1 <input type="checkbox"/> Adult 2 <input type="checkbox"/> Another person / address* (complete details below) | |
| Name to be used for all billing correspondence: | |
| No. & Street or PO Box | |
| Suburb: | |
| State: | Postcode: |
| Billing Email: | |

*Note: If you would like to send bills to another person / address, please ensure Additional Parent/Carer details are completed on pages 16-17.

STUDENT MEDICAL DETAILS

The Department of Education and Victorian Government Schools require the health information requested in this section to plan for and support the health and wellbeing needs of students.

If there is a situation or incident which requires first aid to be administered to your child, school staff will administer first aid that is reasonably necessary and appropriate to their level of training. School staff will also seek emergency medical attention for your child if it is considered reasonably necessary. Any costs associated with student injury rest with parents/ carers unless the Department of Education is liable in negligence (liability is not automatic). In the event that your child needs medical attention, school staff will contact you as soon as practically possible.

Student Doctor

| | |
|-----------------|-------------------|
| Doctor's Name: | |
| Medical Centre: | |
| Street Address: | |
| Suburb: | Postcode: |
| State: | Telephone Number: |

Asthma

| | | | |
|---|---------------------------------------|--|--|
| Does the student have asthma? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No (move to next section) |
| Has a current Asthma Management Plan been provided to School? If No, please provide an Asthma Management Plan to the School | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the student take medication? | <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? | | <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: | <input type="checkbox"/> Student | <input type="checkbox"/> Adult | <input type="checkbox"/> Other: _____ |
| Medication is to be stored: | <input type="checkbox"/> with Student | <input type="checkbox"/> with Staff | <input type="checkbox"/> Other: _____ |
| Dosage time: | Reminder required? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Medical Conditions

| | | |
|---|------------------------------|-----------------------------|
| Does the student have an allergy? If yes, please provide the schools with an ASCIA Action Plan for Allergies . | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

| | | |
|---|------------------------------|-----------------------------|
| Is the student at risk of anaphylaxis? If yes, please provide the school with an ASCIA Action Plan for Anaphylaxis . | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

| | | |
|---|------------------------------|-----------------------------|
| Does the student have any other medical condition or other relevant medical assessment that the school needs to know about? If Yes, please ask the school for the appropriate medical advice form, to be completed by the treating medical practitioner and returned to school. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes to <u>any of the above</u> , please specify: | | |
| Symptoms: | | |
| If the student displays any of the symptoms above, please: | | |
| Inform emergency contact | <input type="checkbox"/> Yes | No |
| Administer medication | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other medical action | <input type="checkbox"/> Yes | No |
| If Yes, please specify: _____ | | |

Medication

| | | |
|---|------------------------------|-----------------------------|
| Does the student take medication? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the medication required during school hours? If Yes, please ask the school for a Medication Authority Form, to be completed by the treating medical practitioner and returned to school. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name of medications taken: | | |

Allied Health Support

| | | | |
|---|------------------------------|-----------------------------|---|
| Has the student previously accessed support from an allied health professional? | Occupational therapy: | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| | Speech pathology: | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| | Physiotherapy: | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| | Exercise physiology: | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| | Behaviour support: | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| | Other: | <input type="checkbox"/> No | <input type="checkbox"/> Yes (specify): _____ |

| OFFICE USE ONLY | | | |
|---|---|---|--|
| Immunisation Certificate received: | <input type="checkbox"/> Yes – Up to date | <input type="checkbox"/> Yes – Not up to date | <input type="checkbox"/> Not sighted / provided |
| Are there any Notice/s on the Immunisation History Statement: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Does the student have asthma, allergies or anaphylaxis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Does the student need to take medication during school hours? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| *Have the required medical forms been provided to the school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A – no medical conditions |

* Note: Additional forms including student medical advice and condition forms can be found here: [Medical Advice Forms](#)

STUDENT SAFETY, ACCESS, AND SPECIAL CIRCUMSTANCES

Student Risk

The Department of Education has a responsibility to assess and manage any risk of harm to its staff and students. This form gives you the opportunity to provide information that will help the student's transition to school. This may include preparing a behaviour management plan or other appropriate strategies directed at meeting the particular needs of the student. The action taken in response to the information you provide will help ensure the safety of this student, other students and staff.

| | |
|--|--|
| To your knowledge, is there anything in the student's history or circumstances (including medical history not already provided) which might pose a risk of any type to this student, other students, or staff at this school? | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No (move to the next section) |
| If Yes, please provide further detail: | |
| | |

Court Orders and Other Care Arrangements (previously referred to as an Access Alert)

| | |
|--|--|
| Is there an intervention order, parenting order or any other court order impacting the student? | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No (move to the next section) |

If Yes, then complete the following questions and **present a current copy of the document to the school.**

| | | | |
|--|---|----------------------------|---------------------------------------|
| Court Order or other access document type: | Family Law Order / Parenting Order | Parenting Plan / Agreement | Intervention Order |
| | <input type="checkbox"/> Child Protection Order | DFFH Authorisation | <input type="checkbox"/> Other: _____ |
| Please provide further details of the Court Order or other access documents, and any other safety concerns: | | | |
| | | | |
| End Date (if applicable): (dd-mm-yyyy) | | | |

Activity Restrictions and Considerations

| | |
|---|--|
| Are there any activities (either organised by the school and/or third parties) that the student cannot participate in? | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No (move to the next section) |
| If Yes, please provide further detail: (e.g. sport, excursions) | |
| | |

| | |
|---|--|
| OFFICE USE ONLY | |
| Current Court Order or other access document placed on student file? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

STUDENT TRAVEL DETAILS

| | | | | |
|--|-------------------------------------|--------------------------------|---|--|
| How will the student primarily travel to and from school? | | | | |
| <input type="checkbox"/> Walking | <input type="checkbox"/> School Bus | <input type="checkbox"/> Train | <input type="checkbox"/> Driven by parent/carer | <input type="checkbox"/> Taxi / Ride Share |
| <input type="checkbox"/> Bicycle | <input type="checkbox"/> Public Bus | <input type="checkbox"/> Tram | <input type="checkbox"/> Self-Driven | <input type="checkbox"/> Other: _____ |
| If the student catches public transport to school, what station/stop does their journey commence: | | | | |
| If the student drives themselves to school, what is their Car Registration Number: | | | | |

Students residing in rural and regional Victoria or attending special schools may be entitled to receive travel assistance. Travel assistance may be in the form of access to a school bus service or financial support through a conveyance allowance to assist with the cost of travel. Information on eligibility and the application process can be obtained from the school.

Conveyance Allowance Program

The Conveyance Allowance Program supports eligible families attending mainstream schools in rural and regional Victoria, and special schools (state-wide) with financial assistance towards the cost of transporting students to and from school.

| | |
|---|---|
| Is the student applying for the Conveyance Allowance Program? | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No (<i>proceed to next question</i>) |
| Your school can provide the applicable application form and advice on the different types of conveyance available. For further information, including the conveyance allowance policy and application forms, refer to the Department's Policy and Advisory Library (PAL) here: www.education.vic.gov.au/pal/conveyance-allowance/policy | |

School Bus Program

The School Bus Program assists families in rural and regional Victoria by transporting students to school where they do not have access to public transport. The program supports travel to students nearest government and non-government school. Travel by bus to special schools is provided through the Students with Disabilities Transport Program (see below). Travel to a school that is not the nearest will incur a fare to travel. Your school can provide the applicable application form.

| | |
|--|---|
| Is the student applying for the School Bus Program? | |
| <input type="checkbox"/> Yes (see text below) | <input type="checkbox"/> No (<i>proceed to next question</i>) |
| Your school can provide the applicable application form and advice on travel type (free travel, pre-school, fare payer etc.) For further information, including the School Bus Program policy refer to the Department's Policy and Advisory Library (PAL) here: www.education.vic.gov.au/pal/school-bus-program/policy | |

Students with Disabilities Transport Program

The Students with Disabilities Transport Program assists families throughout Victoria by transporting students to their nearest appropriate government special school. The program supports travel for students within Designated Transport Areas (DTA). Families should also consider the conveyance allowances that may provide increased or alternative travel options to support school travel.

| | |
|---|--|
| Is the student applying to travel on a school bus or other travel assistance? | |
| <input type="checkbox"/> Yes (read below text) | <input type="checkbox"/> No |
| Your school can provide the applicable application form and advice on travel suitability. For further information, including the Students with Disabilities Transport Program policy refer to the Department's Policy and Advisory Library (PAL) here: www.education.vic.gov.au/pal/transport-students-disabilities/policy | |
| First date of travel? | <input type="checkbox"/> Next school year <input type="checkbox"/> Alternate date: (dd-mm-yyyy) ____ / ____ / ____ |
| Type of travel assistance requested? | |
| <input type="checkbox"/> Access to School Bus | <input type="checkbox"/> Conveyance Allowance |
| 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 Education Plan (IEP) include travel training?

Yes

No

Is the student attending their nearest school?

Yes

No

Does the student reside in Designated Transport Area (DTA) (if attending special school)?

Yes

No

Can the student be accommodated on an existing route (if applicable)?

Yes

No

Pick-up Point:

Map Ref:

Time AM:

Set Down Point:

Map Ref:

Time PM:

Privacy Statement

The personal and health information collected in this form, and any attachments, is required for enrolment at all Victorian Government Schools. The information is collected to ensure accurate enrolment, and to plan for and support the educational needs of students. The information will be managed securely and accessed only by staff, on a need-to-know basis, and in accordance with the Department of Education Schools' Privacy Policy which applies to all government schools (available at: www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx) or where mandated or allowed by law.

Please also refer to the Victorian Government School Privacy Collection Notice for details on handling of personal and health information in schools: www.education.vic.gov.au/Pages/Schools'-Privacy-Collection-Notice.aspx.

DECLARATION

Thank you for completing this Student Enrolment form. The information provided is required to enable staff to properly enrol your child at our school as such it is important that it is accurate and up to date.

I/We confirm that:

- I am/We are the person/people named as completing this form.
- The information in this form is true and correct.
- I/We agree to authorise this form by electronic means with an electronic signature.

Signature of Enrolling Adult: _____ Date: ____ / ____ / ____

Signature of Enrolling Adult (if applicable): _____ Date: ____ / ____ / ____

Please select the category that best describes who has signed and completed this form. This will assist the school with the enrolment process.

Both parents/carers have completed and signed this form.

Parents/carers are completing separate forms (schools can provide additional forms on request).

One parent has completed and signed this form on behalf of both parents. Contact details for the other parent have been provided in the form for the school's use as required.

One parent has completed and signed this form and the contact details for the other parent are unknown to the enrolling parent/carer and not provided.

There is only one parent/carer with legal responsibility for the child and that person has completed and signed this form.

Other, please specify: (for instance, where the contact details for the other parent are known but it is not appropriate or safe to contact them) _____

If there are any court orders about the child, please provide copies of those orders to the school with this form.

WHO CAN SIGN THIS FORM?

- **A person with parental responsibility:** a parent of a child under 18 years of age, subject to relevant court orders (including parenting orders made under the *Family Law Act 1975* and protection orders made under the *Children, Youth and Families Act 2005* by the Children's Court, or other person granted parental responsibility under a relevant court order).
- **A carer formally authorised by Child Protection to enrol the student:** the Department of Families, Fairness and Housing (DFFH) can issue a written authorisation to the carer of a child in out of home care to make decisions about the child, in some circumstances this will include specific authorisation to enrol the child at school.
- **Informal carer:** an Informal Carer is a relative or other responsible adult with whom the child lives, and who has day to day care of the child. The informal carer should provide an Informal Carer Statutory Declaration to confirm their status as an informal carer. A copy of this statutory declaration can be obtained from www.education.vic.gov.au/PAL/informal-carer-statutory-declaration-template.pdf
- **Students living independently:** If the student is an adult or a mature minor for the purpose of enrolment and they live independently. These students will need to be considered in accordance with the www.education.vic.gov.au/pal/decision-making-responsibilities-students/policy policy.
- **Adult Students:** a student 18 years of age or older is considered an adult and can sign their own consent form.

ATTACHMENT – PARENTAL OCCUPATION GROUP CODES

The codes outlined below are to be used when providing family occupation details for enrolled students. Please indicate your current occupation – not your qualification. 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, proofreader, 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: Tradespeople, clerks and skilled office, sales and service staff

Tradespeople generally have completed a 4-year Trade Certificate, usually by apprenticeship. All tradespeople 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 / childcare 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)

ATTACHMENT – ADDITIONAL PARENT/CARER DETAILS

Enrolling Adult 3

| | | | |
|-------------------|------|--------|-----------------------|
| Surname: | | Title: | |
| First Given Name: | | | |
| Gender: | Male | Female | Self-described: _____ |

| | |
|--------------------------------|-------------|
| No. & Street Address: | |
| Suburb: | |
| State: | Postcode: |
| Preferred language of notices: | |
| Mobile: | Work Phone: |
| Home Phone: | Email: |

| | | |
|---|-------------------------------------|-------------------------------|
| Can we contact Adult 3 during school hours? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is Adult 3 usually home during school hours? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| SMS Notifications: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Email Notifications: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Adult 3's preferred method of contact: <i>(Email shall be used for communication that cannot be sent via phone)</i> | | |
| <input type="checkbox"/> Mobile | <input type="checkbox"/> Email | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Home Phone | <input type="checkbox"/> Work Phone | |
| Specify any other special conditions or times related to contact? | | |

| | | |
|--------------------------------------|---------------------------------------|--|
| Relationship to student: | | |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Step 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: _____ | |

| | |
|--|--|
| In which country was Adult 3 born? | |
| <input type="checkbox"/> Australia | |
| <input type="checkbox"/> Other (please specify): _____ | |

| | |
|---|--|
| ❖ Does Adult 3 speak a language other than English at home? | |
| <input type="checkbox"/> No, English only | |
| <input type="checkbox"/> Yes (please specify): _____ | |

| | |
|---|--|
| Please indicate any additional languages spoken by Adult 3: | |
| | |

| | | |
|-----------------------------|------------------------------|-----------------------------|
| Is an interpreter required? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|-----------------------------|------------------------------|-----------------------------|

| | | |
|--------------------------------|--------|---------------|
| Ghi XYbh`j] Yg`k]h `5 Xi `h3. | | |
| Always | Mostly | Balanced(50%) |
| Occasionally | Never | |

| | |
|--------------------|--|
| Adult 3 Job Title: | |
| Adult 3 Employer: | |

| | |
|--|-----------------------------|
| Is Adult 3 interested in being involved in school group participation activities? (e.g., School Council, excursions) | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | |
|--|---|
| ❖ What is the highest year of primary or secondary school Adult 3 has completed? | |
| <input type="checkbox"/> Year 12 or equivalent | <input type="checkbox"/> Year 10 or equivalent |
| <input type="checkbox"/> Year 11 or equivalent | <input type="checkbox"/> Year 9 or equivalent or below / no schooling |

| | |
|--|--|
| ❖ What is the level of the highest qualification that Adult 3 has completed? | |
| <input type="checkbox"/> Bachelor degree or above | |
| <input type="checkbox"/> Advanced diploma / Diploma | |
| <input type="checkbox"/> Certificate I to IV (including trade certificate) | |
| <input type="checkbox"/> No non-school qualification | |

| | |
|--|--|
| ❖ What is the occupation group of Adult 3? Please select the appropriate current parental occupation group from the attached list at the end of the document. | |
| <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 list. If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. | |
| | |

Enrolling Adult 4

| | | |
|-----------------------|------|--------|
| Surname: | | Title: |
| First Given Name: | | |
| Gender: | Male | Female |
| Self-described: _____ | | |

| | |
|--------------------------------|-------------|
| No. & Street Address: | |
| Suburb: | |
| State: | Postcode: |
| Preferred language of notices: | |
| Mobile: | Work Phone: |
| Home Phone: | Email: |

| | | |
|---|-------------------------------------|-------------------------------|
| Can we contact Adult 4 during school hours? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is Adult 4 usually home during school hours? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| SMS Notifications: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Email Notifications: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Adult 4's preferred method of contact: <i>(Email shall be used for communication that cannot be sent via phone)</i> | | |
| <input type="checkbox"/> Mobile | <input type="checkbox"/> Email | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Home Phone | <input type="checkbox"/> Work Phone | |
| Specify any other special conditions or times related to contact? | | |

| | | |
|--------------------------------------|---------------------------------------|--|
| Relationship to student: | | |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Step 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: _____ | |

| | |
|--|--|
| In which country was Adult 4 born? | |
| <input type="checkbox"/> Australia | |
| <input type="checkbox"/> Other (please specify): _____ | |
| ❖ Does Adult 4 speak a language other than English at home? | |
| <input type="checkbox"/> No, English only | |
| <input type="checkbox"/> Yes (please specify): _____ | |
| Please indicate any additional languages spoken by Adult 4: | |
| Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | |
|--------------------------------|--------|----------------|
| Gŷ XYbh`jj Yg`k jh `5 Xi `hi4. | | |
| Always | Mostly | Balanced (50%) |
| Occasionally | Never | |

| |
|--------------------|
| Adult 4 Job Title: |
| Adult 4 Employer: |

| | |
|--|-----------------------------|
| Is Adult 4 interested in being involved in school group participation activities? (e.g., School Council, excursions) | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | |
|--|---|
| ❖ What is the highest year of primary or secondary school Adult 4 has completed? | |
| <input type="checkbox"/> Year 12 or equivalent | <input type="checkbox"/> Year 10 or equivalent |
| <input type="checkbox"/> Year 11 or equivalent | <input type="checkbox"/> Year 9 or equivalent or below / no schooling |

| | |
|--|--|
| ❖ What is the level of the highest qualification that Adult 4 has completed? | |
| <input type="checkbox"/> Bachelor degree or above | |
| <input type="checkbox"/> Advanced diploma / Diploma | |
| <input type="checkbox"/> Certificate I to IV (including trade certificate) | |
| <input type="checkbox"/> No non-school qualification | |

| | |
|--|--|
| ❖ What is the occupation group of Adult 4? Please select the appropriate current parental occupation group from the attached list at the end of the document. | |
| <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 list. If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. | |



Transition – Information Release Form (Parent/Guardian)

I, _____ consent to information currently in my child's school file to be moved to Kerang Technical High School as part of their transition program

. Relevant information includes:

- Health background and current school management plans.
- Any clinical assessments conducted by Health professionals or regional SSO network.
- Information regarding individual learning plans for students on the PSD program or Autism.
- Behavioural management plans that have been implemented.

Child's name: _____

Primary school attended: _____

Date of birth: ____/____/____

Address: _____

Information will be included in the student's file at Kerang Technical High School and used as an education support for the Sub School Leader and Year Level Co-ordinators to better inform us about the history of your child's schooling to date.

Signature: _____

Date: ____/____/____

I, _____ also consent to health, schooling and other clinically relevant information, including detailed assessment and reporting information from Department of Education & Early Childhood Development Student Support Services, or privately owned clinics to be disclosed to Kerang Technical High School on a needs basis when discussing extra support for your child.

Signature: _____

Date: ____/____/____

Relation to referred child:

- Parent of child
- Guardian with legal responsibility
- Person responsible as defined by Section 37 of the Guardianship and Administration Act 1986.

Note: Permission remains valid until December 31, 2024.

Dean Rogers
Dean.Rogers@education.vic.gov.au



LOCAL EXCURSION CONSENT FORM

In 2023, Kerang Technical High School may take students outside of school grounds to undertake educational activities in the local area.

The purpose of this form is to obtain parent/carer consent for local excursions during 2023.

This form does NOT provide consent for excursions that go beyond the local area.

Local excursions

Local excursions are excursions to locations within walking distance of the school and do not involve 'Adventure Activities'.

Local excursions that your child may participate in throughout 2023 could include:

- Physical Education lessons– Swimming Pool, Kerang Basketball Stadium, Riverside Park, Atkinson Park, Kerang Levy
- Subject specific – Historical Society, Hospital, Northern District Community Health, main street of Kerang etc.

Notification of local excursions

Kerang Technical High School will NOT seek further consent from you before local excursions take place. However, we will endeavour to provide advance notice to parents/carers of upcoming local excursions through one of our communication portals of XUNO/Facebook/Tech Talk/class note.

For local excursions that occur on a recurring basis, Kerang Technical High School will notify parents/carers once only prior to the commencement of the recurring event, eg; weekly sports lessons at the local oval.

Please keep the school informed of any updated contact details to ensure you receive these notifications.

First aid and Medical Attention

Where necessary, school staff will administer first aid. School staff will also seek emergency medical attention for your child if it is considered reasonably necessary. Any costs associated with student injury rest with parents/carers unless the Department of Education and Training is liable in negligence (liability is not automatic).

Accident and ambulance cover

The Department of Education and Training does not provide student accident insurance or ambulance cover. Parents may wish to obtain this cover, depending on their health insurance arrangements and any other personal considerations.



Parent/carer consent for local excursions in 2023.

I have read all of the above information in relation to local excursions. I understand that:

- to ensure the school has up-to-date health and contact information about my child, I need to inform the school if this information changes
- the school will notify me prior to a local excursion(s) taking place
- I may withdraw my consent for any/all local excursions at any time prior to the day of the excursion by contacting Kerang Technical High School

I give permission for my child _____ (full name)

Who is undertaking Year____, to attend local excursions in 2023.

Parent/carer: _____ (full name)

_____ (signature)

_____ (contact number)

_____ (date)

Kerang Technical High School

MEDIA

CONSENT FOR TRANSITION AND ORIENTATION DAY

At Kerang Technical High School, many photos are taken of the children during school and special events.

This includes photographs using the digital camera, photographs or images taken by the media such as the local newspapers and TV.

Sometimes the media will seek to feature a child's experience, story or artwork similar to that found in our own newsletter.

Teachers often use photographs and work samples throughout the year in displays or computer presentations. Photographs of students or their work often feature in the school newsletter.



In order for us to use your child's photographs/work samples etc for any of the above purposes, we are seeking your written permission as their parent/guardian.

Please complete the form below and return it to the office.

**MEDIA PERMISSION
PARENT/GUARDIAN DECLARATION**

Child's Name:

Year:

Parent/Guardian Name:

I have read the Kerang Technical High Schools Media Consent Form and I understand that these photographs/work samples will be used for school related purposes.

Parent/Guardian Signature:

Date:

Kerang Technical High School



BYOD-Bring Your Own Device

2023 Year 7-12

Over the past few years, Kerang Technical High School has taken significant steps towards the attainment of a digital environment. This has included upgrades to the school network and wireless infrastructure and the implementation of the XUNO software for roll marking, reports, and communication within our school community. Further developments of the school webpage, Facebook and implemented School stream app supports information sharing. In 2023 we continue to take further step towards integrating digital technologies into the curriculum by asking year 7 to 12 students to bring their own personal digital learning device (BYOD – laptop or tablet computer) to school daily.

The changes we are making to the digital learning environment are crucial if we are to provide the appropriate learning framework for each student in our school. The demands for digital technology literacy can be found in all aspects of our lives. For young people, the demands for skills and literacy in this area of learning will only increase. The BYOD approach will ensure your child is equipped for the present and skilled appropriately for the future.

BYOD Options

Students have three options:

1. Purchase a recommended device from our supplier
2. Purchase a recommended device from an independent store
3. Bring a suitable device from home if they already own one.
4. Insurance and Warranty

We advise that all BYODs be covered by an extended warranty. When purchasing your laptop please consider accidental damage protection (ADP) for your device. ADP covers your device with accidental damage on and off the school campus. Fire and theft are usually not covered under these programs, and we suggest you include it in your personal or home insurance. The insurance can be purchased with your computer vendor or any insurance company. All insurance claims must be settled between you and the insurance company. Purchasing insurance for your BYOD is a personal choice.

Lost/Stolen and Damaged Laptops

Students are responsible for ensuring laptops are secure at all times. It is recommended that students do not leave their devices unattended in public places. KTHS is not responsible for any damage to student BYODs and will not be accountable for any lost or stolen student BYODs.

Students are responsible for:

- bringing portable devices fully charged to school every day
- ensuring the device has appropriate virus protection
- backing up data securely
- always carrying their device in an appropriate protective case.
- Adhering to this Acceptable Use Agreement when using the machine, both at home and at school, including during lunchtime or when not in the classroom.

Recommended minimum requirements.

| | |
|------------------|---|
| Screen | 11" or higher |
| Device Type | Windows Laptop, MacBook, iPad only with external keyboard. |
| Operating System | Windows 10,11, (Not with windows S mode), Mac OS 10.15 or newer |
| iPad OS | 5 th gen or newer |
| RAM | 4GB or higher (8GB Preferred) |
| Hard Drive | 128 GB or higher |
| Wireless | 802.11a/b/g/n |
| Battery life | 6 Hours or more |

Operating System should be latest as far as possible.

Android and Chrome devices are not allowed.

How To Order

KTHS School Portal: <https://kths.orderportal.com.au>

JB HI-FI Portal: <https://www.ibeducation.com.au/byod>

School Code: Kerangtech2023



Kerang Technical High School teamed up with LWT and JB HI-FI and formed an endorsed list of BYOD devices, which include Acer, Lenovo, and HP, with options to extended warranty, Accidental Damage protection, carry cases and finance options. The devices are generally built to different specifications and designed to last in an education environment. We do not restrict you from purchasing from these suppliers.

Version: July 2022

School profile statement

At Kerang Technical High School we support the rights of all members of the school community to be provided with and engage in a safe, inclusive and supportive learning environment. This extends to the use of digital tools and online communities and is underpinned by our expectation of safe and responsible behaviour of all members of the school community.



At our school we:

- have a **Student Engagement Policy – Electronic Devices Policy** that states our school’s values and expected standards of student behaviour, including actions and consequences for inappropriate online behaviour
- educate our students to be safe and responsible users of digital technologies. *(Include any specific programs or approaches the school undertakes.)*
- raise our students’ awareness of issues such as online privacy, intellectual property and copyright
- supervise and support students when using digital technologies within the classroom and establish clear protocols and procedures when working in online spaces including reviewing and considering the safety and appropriateness of online tools and communities:
 - [Bullystoppers Duty of Care and Supervision](http://www.education.vic.gov.au/about/programs/bullystoppers/Pages/prindutycare.aspx)
(www.education.vic.gov.au/about/programs/bullystoppers/Pages/prindutycare.aspx)
- 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 including those reported through online services
- know that some online activities are illegal and as such we are required to report this to the appropriate authority
- support parents/guardians to understand safe and responsible use of digital technologies, potential issues and the strategies that they can implement at home to support their child; providing this Acceptable Use Agreement and current information from both the Department of Education and Training and Cybersmart:
 - [Bullystoppers Parent Interactive Learning Modules](http://www.education.vic.gov.au/about/programs/bullystoppers/Pages/parentmodules.aspx)
(www.education.vic.gov.au/about/programs/bullystoppers/Pages/parentmodules.aspx)
 - [Parents Cybersafety guide](http://www.cybersmart.gov.au/Parents.aspx) (www.cybersmart.gov.au/Parents.aspx)

Student declaration

When I use digital technologies and the internet, 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 writing or participating in online bullying (e.g. 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 or a trusted adult if I personally feel uncomfortable or unsafe online
- talking to a teacher or a trusted adult if I see others participating in unsafe, inappropriate or hurtful online behaviours
- carefully considering the content that I upload or post online; knowing that this is a personal reflection of who I am and what people think of me
- investigating the terms and conditions of use (e.g. age restrictions, parental consent requirements) and if my understanding is unclear seeking further explanation from a trusted adult
- confirming that I meet the stated terms and conditions and completing the required registration processes
- handling ICT devices with care and notifying a teacher of any damage or required attention
- abiding by copyright and intellectual property regulations; requesting permission to use images, text, audio and video and cite references where necessary
- not downloading unauthorised programs, including games
- not interfering with network systems and security, the data of another user or attempting to log into the network with a username or password of another student.

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

- keeping devices on silent during class times; only making or answering calls or messages outside of lesson times (except when approved as part of a lesson)
- respecting the privacy of others; only taking photos or recording sound or video when others are aware and formal consent has been provided as part of an approved lesson
- respecting others and communicating with them in a supportive manner, including outside school hours and in social contexts by not making harassing phone calls/text messages or forwarding on messages

- obtaining appropriate (written) consent from individuals who appear in images or sound and video recordings before forwarding them to other people or posting/uploading them to online spaces.

BYOD personal devices (Program for Year 7 to 12 Students)

Ownership

- The device is owned by the parents/student but is made available for use as part of the school learning program.
- Parents/students should be aware that files stored on the device are private but may be publicly accessed as part of learning programs.

Software and access

- The school will provide information about standard software programs and applications required for installation on personal devices and will advise when new software or applications need to be purchased.
- Parents are responsible for purchasing and installing new programs on personal devices. Parents are advised to set up a separate family account (not use their own accounts) to manage purchases for their child's device.
- The school will provide access to some software and applications through **Edustar**. There is a no cost for this access.

School support

Support **will be** provided for:

- connecting the device to the school network, internet, and other digital technologies.
- set up and management of school, student email accounts.
- all school-based software (including Office 365) and associated issues with school applications.

Support **will not** be provided for:

- connecting to home networks, the internet, printers, or other devices
- personal email accounts and settings
- software issues of own software.
- hardware issues including broken screens and keys.

Damage or loss of equipment

- Parents are responsible for making sure the device is covered under their insurance, so that it can be replaced if lost or damaged and student learning is not interrupted.
- The school must be notified if the device is damaged or lost so that a student's learning program is not interrupted whilst being replaced.

User responsibilities

Students are responsible for:

- bringing portable devices fully charged to school every day.
- ensuring the device has appropriate virus protection.
- backing up data securely.
- carrying their device in an appropriate protective case at all times.
- adhering to this Acceptable Use Agreement when using the machine, both at home and at school, including during lunchtime or when not in the classroom.

1-to-1 school owned devices – Trolley & Library Borrowing

Ownership

- The school retains ownership of the device, and the device is to remain at School.
- Parents/students should be aware that files stored on the device, or on the school's server, are not private.

Damage or loss of equipment

- All devices and batteries are covered by a manufacturer's warranty. The warranty covers manufacturer's defects and normal use of the device. It does not cover negligence, abuse or malicious damage.
- Any problems, vandalism, damage, loss or theft of the device must be reported immediately to the school.
- In the case of loss or accidental damage, a statement must be signed by a parent and provided to the school.
- In the case of suspected theft, a police report must be made by the family and a copy of the report provided to the school.
- If a device is damaged or lost, the principal or their nominee will determine whether replacement is appropriate and/or whether the student retains access to a device for home use.

If a device is damaged and the damage is not covered by the manufacturer's warranty or any of the school's insurance arrangements, the principal may determine that the student will pay the costs of repairing the damage or if necessary, the costs of replacing the device.

Acknowledgement

This Acceptable Use Agreement applies to all digital technologies and environments, including (although not limited to):

- school owned ICT devices (e.g. desktops, laptops, printers, scanners, interactive boards)
- mobile phones and student owned devices
- email and instant messaging
- internet, intranet
- social networking sites (e.g. Facebook)
- video and photo sharing websites (e.g. YouTube)
- blogs or micro-blogs (e.g. Twitter)
- forums, discussion boards and groups (e.g. Google groups)
- wikis (e.g. Wikipedia)
- vlogs and podcasts
- video conferences and web conferences.

What do parents and Students need to do?

1. Thoroughly read the BYOD Handbook which outlines device requirements, insurance, software. (NO CHROME OR ANDROID devices)
2. Thoroughly read the Acceptable Use Policy
3. If you wish to accept the policy and framework, sign the documentation (parents/guardians and student).
4. Purchase device out preferred outlet is Learning with Technologies (LWT) and JB HI-FI where warranty support can be facilitate at KTHS)
5. Ensure the device/charger are named.
6. Once the 2023 School year begins, hand the device and signed documentation to our technician to enable them to connect the device to the KTHS network (this may take 1 day-1 week).

This Acceptable Use Agreement applies when digital technologies are being used at school, during school excursions, at camps, extra-curricular activities and at home.

Signature

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 school's Student Engagement Policy if I do not behave appropriately.

Student name: _____ Student signature: _____

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Date: ____/____/____

Version: July 2022

Interstate

Student Data Transfer Note

Form 1 - Parent/Guardian Consent Form

Schools are required to use the Interstate Student Data Transfer Note (ISDTN) in accordance with the protocols jointly developed and agreed by the Australian Government, State and Territory Education Authorities, the Independent and Catholic education sectors through the Standing Council on School Education and Early Childhood (see: <http://scseec.edu.au>).

Part A – Consent to Transfer Student Data Interstate*

I do give do not give

consent for information about my child /children

| | |
|--|--------------------------------|
| <input type="text" value="insert child's name"/> | date of birth [^] / / |
| <input type="text" value="insert child's name"/> | date of birth [^] / / |
| <input type="text" value="insert child's name"/> | date of birth [^] / / |

to be transferred from his/her previous school

to his/her new school

I understand that:

- The principal (or delegate) of my child's new school may request and/or receive information from my child's previous school verbally and/or in writing.
- It may include all details contained on the Interstate Student Data Transfer Note.
- Additional information may be required by my child's new school. This information will only relate to information on the flagged field on the Interstate Student Data Transfer Note.
- The principal (or delegate) of my child's new school may contact the principal (or delegate) of my child's previous school both verbally and/or in writing.
- I can request to see the information that is received from my child's previous school.

I understand that my child's new school will take all reasonable steps to protect the personal information about me/my child from misuse and loss and from unauthorised access, modification or disclosure.

Signature of parent or guardian

Date

Complete Part B if Part A consent is not given

* Parent or student consent is not required for non-government schools to receive student information from a student's previous non-government school if the previous school has a data collection notice which complies with the guidelines in the National Catholic Education Commission and National Council of Independent Schools' Associations Privacy Compliance Manual 11 December 2001 (Latest amended version December 2011), Section 7.10.1.

[†] 'New School' is defined as either the school at which the student is enrolled OR the school at which the student is seeking enrolment. The consent process should be initiated at the point of application for enrolment so that information is received before the enrolment process is finalised.

[^] If the student is 16 years of age or older, student consent should also be sought.

Part B Consent – Consent to Notify Previous School of Enrolment at New School

| | | | |
|---|--|--|--------------------------------------|
| I | <input type="text" value="insert name"/> | do give <input type="checkbox"/> | do not give <input type="checkbox"/> |
| consent for the principal (or delegate) of | | <input type="text" value="new school name<sup>†</sup>"/> | |
| to notify my child's/children's | <input type="text" value="insert name"/> | date of birth [^] | / / |
| | <input type="text" value="insert name"/> | date of birth [^] | / / |
| | <input type="text" value="insert name"/> | date of birth [^] | / / |
| previous school | <input type="text" value="school name and address"/> | | |
| that my child/children is/are now enrolled at the above named school. | | | |
| <input type="text"/> | | <input type="text" value="/ /"/> | |
| Signature of parent or guardian | | Date | |

Complete Part B if Part A consent is not given

- * Parent or student consent is not required for non-government schools to receive student information from a student's previous non-government school if the previous school has a data collection notice which complies with the guidelines in the National Catholic Education Commission and National Council of Independent Schools' Associations Privacy Compliance Manual 11 December 2001 (Latest amended version December 2011), Section 7.10.1.
- † 'New School' is defined as either the school at which the student is enrolled OR the school at which the student is seeking enrolment. The consent process should be initiated at the point of application for enrolment and therefore information can be received before the enrolment process is finalised.
- ^ If the student is 16 years of age or older, student consent should also be sought.

Interstate

Student Data Transfer Note

Form 2 - Student Consent Form

Schools are required to use the Interstate Student Data Transfer Note (ISDTN) in accordance with the protocols jointly developed and agreed by the Australian Government, State and Territory Education Authorities, the Independent and Catholic education sectors through the Standing Council on School Education and Early Childhood (see: <http://scseec.edu.au>).

Part A – Consent to Transfer Student Data Interstate (for students who are 16 years of age or older)*

I

/ / do give do not give

consent for information about me to be transferred from my previous school

to my new school

I understand that:

- The principal (or delegate) of my new school may request and/or receive information from my previous school verbally and/or in writing.
- It may include all details contained on the Interstate Student Data Transfer Note.
- Additional information may be required by my new school.
- The principal (or delegate) of my new school may contact the principal (or delegate) of my previous school both verbally and/or in writing.
- I can request to see the information that is received from my previous school.

I understand that my new school will take all reasonable steps to protect the personal information about me from misuse and loss and from unauthorised access, modification or disclosure.

/

Signature of student

Date

Complete Part B if Part A consent is not given

Part B – Consent to Notify Previous School of Enrolment at New School

/ /

do give do not give

consent for the principal (or delegate) of

to notify my previous school

that I am now enrolled at the above named school

/

Signature of student Date

* Parent of student consent is not required for non-government schools to receive student information from a student's previous non-government school if the previous school has a data collection notice which complies with the guidelines in the National Catholic Education Commission and National Council of Independent Schools' Association Privacy Compliance Manual 11 December 2001 (Latest amended version December 2011), Section 7.10.1.

† 'New School' is defined as either the school at which the student is enrolled OR the school at which the student is seeking enrolment. The consent process should be initiated at the point of application for enrolment so that information is received before the enrolment process is finalised.