

Form to Enrol in a

State:

How often does this student live at this address?		
Always	Mostly	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:		

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, permanent care and residential care.

Does the student have any siblings at this school?	Yes	No (move to next section)
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Name	Current Year Level	Reside at same residential address as the student		
1		Yes	No	Sometimes
2		Yes	No	Sometimes
3		Yes	No	Sometimes
4		Yes	No	Sometimes

PARENT/CARER DETAILS

Enrolling Adult 1

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

Enrolling Adult 2

Title	
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Adult 1 Job Title:

Emergency Contacts

Additional Parents/Carers

Are there additional parents/carers in the student's life?	Yes (provide details below)	No (move to next section)
Name of Adult 3:		
Name of Adult 4:		

If yes, please A1(t)-1.44 1.44 re f 0 57 f 6 /P <</MC92 19.5382 1./C2_0 1 Tf 8.5256 0 Td <382 1./C2_0 1 Tf 8.525>Tj /TT0 1545>Tj 8763 Td ()

What are the student's living arrangements?	
Student lives with parents/carers together at the same residence	Student lives with each parent/carer at different times
Student lives with one parent/carer only	State Arranged Out of Home Care*
Informal care arrangement#	Student is independent
Homeless	
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 an Informal Carer's Statutory Declaration, which must be completed. If there are any court orders about the child, please provide copies of those orders to the school with this form.

How will the student primarily travel to and from school?				
Walking	School Bus	Train	Driven by parent/carer	Taxi / Ride Share
Bicycle	Public Bus	Tram	Self-Driven	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.

SCHOOL DETAILS

Are you seeking to enrol the student at this school full-time?	Yes (move to next section)	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

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?	Yes	No
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STUDENT MEDICAL DETAILS

Schools require the health information requested in this section to plan for and support the health and wellbeing needs of students.

Please note: 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.

Medical Conditions

Does the student have an allergy? If yes, please provide the school with an ASCIA Action Plan for Allergies (available at: www.allergy.org.au/hp/ascia-plans-action-and-treatment#r2a)	Yes	No
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Is the student at risk of anaphylaxis? If yes, please provide the school with an ASCIA Action Plan for Anaphylaxis (available at: www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis)	Yes	No
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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

Student Doctor

Doctor's Name:

Allied Health Support

Has the student previously accessed support from an allied health professional?		
Occupational therapy :	Exercise physiology	Speech pathology
Yes	No	

ATTACHMENT 1 – 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 –

• What is the

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 bills to: (select one)	Adult 3	Adult 4	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 13-14.

Correspondence Details

Send correspondence addressed to: (select one)	Adult 3	Adult 4	Both Adults	Neither
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ATTACHMENT 4 – OFFICE USE ONLY SECTION

OFFICE USE ONLY				
Child's Name sighted:		Yes	No	Enrolment Date:
Year level:	Home Group:	Timetabling Group:	House:	Campus:
Student Email Address:				
Australian residency confirmed:		Yes	No	Not sighted / provided
Date of birth confirmed:		Yes – Birth certificate	Yes – Doctor certificate	Yes - Other / Not sighted / provided
Does the student have a Disability ID number?				

PLEASE READ THE FOLLOWING ENROLMENT CONDITIONS CAREFULLY

I give approval for my child to

FIELD TRIPS

I agree that attendance at school will be regular and punctual. All absences will be explained by means of a note or phone call from a parent or doctor's certificate

participate in field trips. Students will walk and be accompanied by their teacher between:

Churchill Campus to University Campus

University Campus to Churchill Campus

Churchill Campus to Latrobe Leisure Churchill

University Campus to Latrobe Leisure Churchill

Morwell Campus to Kurnai Technology Centre/Air Cadets on Bridle Road

Students will travel by school bus and be accompanied by their teacher between:

Morwell and Churchill Campuses to Gippsland Tech School

Churchill Campus to Kurnai Technology Centre/Air Cadets on Bridle Road

CAMPS AND EXCURSIONS

MICROSOFT OFFICE 365 EDUCATION - PRIVACY INFORMATION AND CONSENT FORM

Kurnai College uses Office 365 Education in the classroom. Office 365 Education is an internet based service provided by Microsoft for educational purposes only. It provides students and teachers with access to online services

such as email, calendar, blogging, online document storage (for school work), sharing, messaging and video

conferencing facilities from school and at home. Office 365 for Education is not for sale to the general public.

CONSENT TO CONDUCT HEAD LICE INSPECTIONS

Throughout your child's schooling, the school will be arranging head lice inspections of students.

The school is aware that this can be a sensitive issue and is committed to maintaining student confidentiality and avoiding stigmatisation.

Before any inspections are conducted, the person conducting the inspections will explain to your child what is

being done and why, and it will be emphasised to your child that the presence of head lice in their hair does not mean that their hair is less clean or well-kept than anyone else's. It will also be pointed out that head lice can be itchy and annoying and if you know you have got them, you can do something about it.

The person conducting the inspections will check through your child's hair to see if any lice or eggs are present.

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VCAA PRIVACY NOTICE FOR STUDENTS

The Victorian Curriculum and Assessment Authority (VCAA) is a statutory authority established under the Victorian Curriculum and Assessment Act 2000.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] and Assessment Act 2000. The VCAA has responsibilities relating to both curriculum and assessment across year levels Prep to 12 for all Victorian school students. The VCAA is committed to protecting student information and all personal information

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] collected is handled in accordance with the *Information Privacy Act 2000*.



PATHWAYS TO SUCCESS

PERMISSION FORM

RELEASE OF STUDENT INFORMATION

In order for Kurnai College to meet the needs of your child receiving the most from their education, it is

[REDACTED]

collecting data from your child's last school so that we can proceed with developing strategies with information supplied to us to help your child in their education and development.

I / We hereby authorise Kurnai College to access a copy and discuss information regarding my/our child's educational outcomes whilst at your school.

[REDACTED]