

Welcome to
Barwon Heads Primary School

“It takes a Village to Raise a Child.”





Dear Parents,

The forms included are required for your child to start at our school.

Could you please read, fill out and sign before returning to the school office as soon as possible.

Once enrolment forms are completed and returned with the relevant documentation, a place will be held for your child at our school. Please make sure all documents are completed neatly and accurately leaving no unanswered questions.

School Enrolment Support Documents

In order to complete the enrolment process the Department of Education requires a copy of the following certificates to be supplied to Barwon Heads Primary School with your child's completed enrolment form.

- A **Birth Certificate** (Proof of age/passport). An Extract of Birth Certificate will not be accepted.
- An **Immunisation Status Certificate** that shows your child has received all vaccines required by 5 years of age.
- **Evidence that you reside in the 3227 postcode area. (rates notice.)**
- All relevant **Visa** details for those students born overseas.

These documents are required by law and enrolment cannot be finalised without all of the required documentation being presented.

SCHOOL ENTRY IMMUNISATION CERTIFICATES

A school entry immunisation certificate is a specific document which shows your child's record of immunisation. The certificate is an important record that will assist health authorities in protecting children in the event of a vaccine preventable disease occurrence in school.

Please note that it is a legal requirement to provide a school entry immunisation certificate on enrolment to primary school in Victoria.

There are now 2 ways parents can obtain a school entry immunisation certificate:

1. Parents will automatically receive a history statement from the Australian Childhood Immunisation Register (ACIR) after your child has completed the 4-year-old vaccine schedule and has completed all childhood immunisations required. On the bottom of the page, it should state "**This child has received all vaccines required by 5 years of age.**" If it does, this is now accepted as a school entry immunisation certificate in Victoria.
2. Parents whose child's immunisation record are incomplete, missing or if your child has never been vaccinated, you will need to contact your local council immunisation service who will be able to assist you in obtaining a school entry immunisation certificate.

For more information about how to obtain a school entry immunisation certificate please contact your local council immunisation service or visit www.health.vic.gov.au/immunisation under the heading 'frequently asked questions'.

Thank you for your help and co-operation in this important process. If you have any queries about any of the permissions please contact the school.

Carmen Britnell
Acting Principal
Barwon Heads Primary School

PRIMARY SCHOOL PRIVACY NOTICE

Information about the Enrolment Form.

Please Read This Notice Before Completing The Enrolment Form.

This confidential enrolment form asks for personal information about your child as well as family members and others that provide care for your child. The main purpose for collecting this information is so that Barwon Heads Primary School can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Barwon Heads Primary School and the Department of Education & Training are required by law to protect the information provided by this enrolment form.

Health information is asked for so that staff at Barwon Heads Primary School 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. Barwon Heads Primary School depends on you to provide all relevant health information, withholding information may put your child's health at risk.

Barwon Heads Primary School requires information about all parents, guardians or carers so that we can take account of family arrangements. Family Court Orders setting out any access restrictions and parenting plans should be made available to the school. 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 the school may need to contact in an emergency. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to the school.

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 the school 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 the school 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 Barwon Heads Primary School to process your child's enrolment.

UPDATING YOUR CHILD'S RECORDS

Please let the school know if any information needs to be changed by sending updated information to the school office. During your child's time with Barwon Heads Primary School 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 to arrange this. Sometimes access to certain information, such as information provided by someone else, may require a Freedom of Information request. We will advise you if this is required and tell you how you can do this. If you have any concerns about the confidentiality of this information please contact the Principal.

STUDENT ENROLMENT INFORMATION	Computer Generated Student ID:	
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STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

Surname:				Title: (Miss Ms Mr)	
First Given Name:				Year Level:	
Second Given Name:					
Preferred Name (if applicable):					
❖ Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other	Birth Date: (dd-mm-yyyy)	____ / ____ / ____
Students Kindergarten:					

PRIMARY FAMILY HOME ADDRESS:

No. & Street: details	
Suburb:	
State:	Postcode:
Telephone Number	Silent Number: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Number:	Fax Number:
Family Email Address	
Primary Family Postal address if different from above.	

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Child's Name and Birth Date proof sighted (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrolment Date:	
Year Level	Home Group	Timetabling Group	House	Campus
Immunisation Certificate received?: (tick)	<input type="checkbox"/> Complete	<input type="checkbox"/> Not sighted		
Is there a Medical Alert for the student? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Does the student have a Disability ID Number? (tick)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Disability ID No.:	
Has a Transition Statement been provided (either by the Early Childhood Educator or parents)? (tick) For prep students only	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending	

Family Details

List any other family members attending this school:

❖ 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".

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

ADULT A DETAILS (PRIMARY CARER):

Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Title: (Ms, Mrs, Mr, Dr etc.)			
Legal Surname:			
Legal First Name:			
What is Adult A's occupation?			
Who is Adult A's employer?			
In which country was Adult A born?			
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify):		
❖ Does Adult A speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)			
<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes (please specify):		
Please indicate any additional languages spoken by Adult A:			
Is an interpreter required? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
❖ What is the highest year of primary or secondary school Adult A has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)			
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 11 or equivalent		
<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 9 or equivalent or below		
❖ What is the level of the highest qualification the Adult A has completed? (tick one)			
<input type="checkbox"/> Bachelor degree or above	<input type="checkbox"/> Advanced diploma / Diploma		
<input type="checkbox"/> Certificate I to IV (including trade certificate)	<input type="checkbox"/> No non-school qualification		
❖ What is the occupation group of Adult A? Please select the appropriate parental occupation group from the attached list.			
<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 <u>paid</u> work for the last 12 months, enter 'N'. 			

ADULT B DETAILS:

Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Title: (Ms, Mrs, Mr, Dr etc.)			
Legal Surname:			
Legal First Name:			
What is Adult B's occupation?			
Who is Adult B's employer?			
In which country was Adult B born?			
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify):		
❖ Does Adult B speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)			
<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes (please specify):		
Please indicate any additional languages spoken by Adult B:			
Is an interpreter required? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
❖ What is the highest year of primary or secondary school Adult B has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)			
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 11 or equivalent		
<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 9 or equivalent or below		
❖ What is the level of the highest qualification the Adult B has completed? (tick one)			
<input type="checkbox"/> Bachelor degree or above	<input type="checkbox"/> Advanced diploma / Diploma		
<input type="checkbox"/> Certificate I to IV (including trade certificate)	<input type="checkbox"/> No non-school qualification		
❖ What is the occupation group of Adult B? Please select the appropriate parental occupation group from the attached list.			
<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 <u>paid</u> work for the last 12 months, enter 'N'. 			

PRIMARY FAMILY ADULT A CONTACT DETAILS:

Can we contact Adult A at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you usually home during business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone No: Other work contact information		
Email contact details		
Relationship to student		
Family Doctor's Name		
Doctors Phone Number		
Ambulance Subscription	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PRIMARY FAMILY ADULT B CONTACT DETAILS:

Can we contact Adult A at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you usually home during business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone No: Other work contact information		
Email contact details		
Relationship to student		
Individual or Group Practice		
Practice Address		
Medicare Number		

PRIMARY FAMILY EMERGENCY CONTACTS:

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

ALTERNATIVE FAMILY

(NOTE: The 'ALTERNATIVE' Family is: "The family the student sometimes / occasionally lives with.)
Adult A and Adult B must share the same home

ADULT A:			ADULT B:		
Gender (circle)	M / F	Title Ms, Mr, Dr etc	Gender (circle)	M / F	Title Ms, Mr, Dr etc
Surname			Surname		
First Name			First Name		
Address			Address		
Telephone			Telephone		
Occupation			Occupation		
Employer			Employer		
Work Phone Number			Work Phone Number		
Can we contact you at work?			Can we contact you at work?		
Country of Birth			Country of Birth		
Native Language (Write E if English)			Native Language (Write E if English)		
Other Language			Other Language		
Adult A – Level of School Education (Please circle) - (Year 9, 10, 11 or 12)			Adult B – Level of School Education (Please circle) - (Year 9, 10, 11 or 12)		
Adult A – Non School Education (Please circle) - Degree / Diploma / Trade Certificate			Adult B – Non School Education (Please circle) - Degree / Diploma / Trade Certificate		
Family Occupation Code (Choose from the list provided):					
ADULT A: (Please circle)			ADULT B: (Please circle)		
A	B	C	A	B	C
Relationship To Student (circle)		Parent, Step-Parent, Adoptive Parent, Foster Parent, Host Family, Relative, Friend	Relationship To Student (circle)		Parent, Step-Parent, Adoptive Parent, Foster Parent, Host Family, Relative, Friend
Language spoken at home (Write E if language is English)					

DEMOGRAPHIC DETAILS OF STUDENT

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

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

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

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

Student's Religion:		Date of first enrolment in an Australian School	
Name of previous school		Years of previous education	
Does this Student have a VSN (Victorian Student Number)	Yes (please specify)	Yes But the VSN is unknown	No never had a VSN
Years of interruption to education.	Yes / no	Is the student repeating a year	Yes / no
Will the student be attending full time	Yes / no	Other School Name and time fraction	

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

SCHOOL DETAILS

CONDITIONAL ENROLMENT DETAILS

In some circumstances a child may be enrolled conditionally, particularly if the required enrolment documentation to determine the shared parental responsibility arrangements for a child is not provided. Please refer to the School Policy & Advisory Guide's Admission page for more information (<http://www.education.vic.gov.au/school/principals/spag/participation/Pages/admission.aspx>).

Enrolment conditions • •

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

STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

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

OFFICE USE ONLY

Current custody document placed on student file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Medical Authority

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

Signature of Parent/Guardian: _____ Date: _____

STUDENT MEDICAL DETAILS

MEDICAL CONDITION DETAILS:

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

ASTHMA MEDICAL CONDITION DETAILS:

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

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

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

OTHER MEDICAL CONDITIONS

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

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

STUDENT DOCTOR DETAILS

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

Doctor's Name: Individual or Group Practice		Phone number	
		Address	
Student Medicare Number			

STUDENT EMERGENCY CONTACTS

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

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

TRAVEL DETAILS FOR SCHOOLS

How will the student travel to school? (tick)			
<input type="checkbox"/> Walk	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Train	<input type="checkbox"/> Tram
<input type="checkbox"/> School Bus	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Public Taxi	<input type="checkbox"/> Driven by parent/carer
Office Use Only:			

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: ____ / ____ / ____

ATTENTION PARENTS
Parent Occupation Group

Dear Parents/Guardians,

Each school budget is calculated by a range of formulas. One formula is based on *Parent Occupation*. We need to update our Parent Occupation Groups to ensure our school receives the budget it is entitled to. Therefore, it is imperative that we have accurate Parent Occupation information; it may result in our school and therefore your child having access to greater resources for their education. If we have a substantial number of parents in the 'A' category for example, this reduces our funding dramatically. So we want to ensure our records are true and that they reflect the correct occupations of our school's families. **Please remember if you are not currently working the code should be N.**

Please read carefully the information below and place your occupational code and occupation next to your name. If you require clarification, please contact Kylie Egan (Business Manager) at school on 5254 2324.

This information is **strictly confidential** and is only used to collect aggregate data. Your information is protected by the Privacy Laws.

Tracy Davey

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PARENTAL OCCUPATION GROUP CODES EXPLAINED

Please refer to further information on the reverse of this sheet.

- A:** Senior management e.g. Regional Director/CEO
B: Business owner/manager, teacher, nurse etc.
C: Tradesmen/women, office workers, retail sales and service staff.
D: Machine operators, hospitality staff, assistants, labourers and related work.
N: Currently not in paid work

STUDENTS' FAMILY NAME: _____

PLACE OCCUPATION CODE (A,B,C,D,N) IN BOX BELOW

	Parent / Guardian 1. Print Name: _____
	Occupation: _____
	Parent / Guardian 2. Print Name: _____
	Occupation: _____

PARENTAL OCCUPATION GROUP CODES

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

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

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

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

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

Defence Forces Commissioned Officer

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

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

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

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

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

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

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

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

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

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

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

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

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

Skilled office, sales and service staff:

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

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

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

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

Office assistants, sales assistants and other assistants:

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

Labourers and related workers

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

PARENT AGREEMENTS/PERMISSIONS

Promotions and Photographs

Here at Barwon Heads Primary School we celebrate the efforts of our students by mentioning their participation and achievements in our school newsletter/blog on the website and CLOSED Facebook group. Occasionally photographs of students are included. We sometimes identify a student by their name or class. Occasionally a media company will approach our school to film students in the grounds or to take photos, we only allow students that have prior approval to participate in this type activity.

In accordance to Department guidelines, we are asked that this permission form is filled out. This form is to obtain permission for your child's image and or work to be reproduced for such relevant school publications and promotional material, newsletters, internet site, media etc.

This information will be placed on your child's file and will remain for the duration of their time here at Barwon Heads Primary School. Please notify the office immediately if any changes may occur.

I give my consent for my child's image name and work to be reproduced for such relevant school publications and promotional material, newsletters, internet site, newspapers, media etc.

Signed: _____ Date: _____

I **do not** give permission for my child's image, name or word to be reproduced for any reason.

Signed: _____ Date: _____

Head Lice Inspections

In case of an outbreak of head lice, I give my permission for my child's hair to be checked by the school authorised officer. I understand that it is my responsibility to inform the school if my child has head lice and that children can only be returned to school after treatment.

Signed..... (Parent/Guardian)

Internet & E-mail – Acceptable Users Agreement

I understand that access to the internet and e-mail; facilities are a privilege and that inappropriate use will result in the loss of this privilege.

1. The primary focus will be educational
2. Responsible, appropriate and respectful language shall be used at all times.
3. Privacy – do not include personal information (name, address, phone numbers)
4. Users must take full responsibility for their own actions. Where a user finds inappropriate

Signed.....(Student)I have discussed these guidelines with my child.

Signed..... (Parent/Guardian)

Use of Class Sets and Library Books

In the event of damage or loss of school texts/library books, I agree to reimburse the school for the required amount to cover replacement.

Signed..... (Parent/Guardian)

Viewing of 'PG' rated material

Given previous notice of the material to be shown, I agree to my child viewing 'G' & 'PG' rated material as designated by the teacher.

Signed..... (Parent/Guardian)

Compass School Manager

Barwon Heads Primary School uses the Compass platform for a number of functions including attendance roll marking, event notifications, online booking system for Parent Teacher Interviews, access to 'live reporting 'on your child, access to your child's learning tasks and access to the Newsletter. This software package provides a number of other features which we will progressively make available. You will be provided with a set of Compass login details soon after you have enrolled your child.

In the Administration office:

- You can purchase hats, bags and library bags.
- EFT facilities are available.
- Student Charges can be paid.
- A selection of second hand uniform is available.
- New uniform is purchased from Surf Coast School Stuff (Torquay)
- New uniform can be ordered on-line "Fashion Club Wear"
- Volunteers can sign in at the iPad.
- Student First Aid / Medication permission forms available.
- Assistance with Lunch Orders.
- Assistance with Compass School Manager.

If there is anything more that you require to ensure a smooth transition to Barwon Heads Primary School, please don't hesitate to contact the school office.

The Administration Office

The administration office is open between 8.30 am and 4.30 pm Monday to Friday.

Business Manager: Kylie Egan
Administration Officer: Jaime Williams / Michelle Furber / Kate Poole
General Office: (03) 5254 2324
FAX: (03) 5254 3073
Email: barwon.heads.ps@education.vic.gov.au

The School website is full of additional information – www.bhps.vic.edu.au

SCHOOL LUNCH ORDERS

You can find current school lunch information on our school website:
<https://bhps.education/students/parents/canteen/>

SCHOOL UNIFORM

You can find current school uniform information on our school website:
<https://bhps.education/students/parents/uniform/>

STUDENT CHARGES

More information on student charges can be found on our website:
[Parent Payment Outline – Barwon Heads Primary School \(bhps.education\)](#)

SCHOOL POLICIES

All school policies can be found on our website:
<https://bhps.education/home/policies/>

AFTER SCHOOL CARE PROGRAM

An outside school hours care program is provided by BigChildcare. Please contact them directly to arrange care for your child.
<https://bigchildcare.com/>

BARWON HEADS LIBRARY

The Barwon Heads Library is also located on the school grounds. It is part of the Geelong Regional Libraries.
<http://www.grlc.vic.gov.au/>

The hours of operation are;

Monday	Closed
Tuesday	2 – 5.30pm
Wednesday	2 – 5.30pm
Thursday	Closed
Friday	10am – 1pm
Saturday	10am – 1pm
Sunday	Closed

SUN SMART SCHOOL

Barwon Heads Primary School is a sun smart school. Students are required to wear hats whilst outside for most of the school year. For more information on our sun smart policy please visit our website: <https://bhps.education/wp-content/uploads/2017/11/BHPS-Sun-Protection-Policy.pdf>

CHECKLIST:

Please make sure you provide the school with copies of the relevant documents:

- Birth Certificate / Passport
- Immunisation Certificate
- Proof of residency (A document with a current address as evidence that you reside in the 3227 postcode)
- All relevant medical action plans (If applicable)
- Authority to publish media form signed
- Email address provided to school

*Please make sure that all fields on the enrolment form are filled out to ensure we can enrol your child.