



CURIOSITY · KINDNESS · COURAGE · RESILIENCE

PORT MELBOURNE 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 our school can register your child and allocate staff and resources to provide for their educational and support needs. All staff at our school and the Department of Education & Training are required by law to protect the information provided by this enrolment form.

Health information is collected so that staff at our 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. Our school depends on you to provide all relevant health information because withholding some health information may put your child's health at risk.

We require 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 Port Melbourne Primary School. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact our Principal if you would like to discuss, in strict confidence, any matters relating to family arrangements.

Emergency Contacts

These are people that we may need to contact in an emergency. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided us.

Student Background Information

This includes information about a person's country of birth, aboriginality, language spoken at home and parent occupation. This information is collected so that Port Melbourne Primary School receives appropriate resource allocations for our students. This data 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 us 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. It is a requirement of the Department of Education that our school receives a copy of your child's Australian Immunisation Record.

Visa status

This information is required to enable our school to process your child's enrolment.

UPDATING YOUR CHILD'S RECORDS

Please let us know if any information needs to be changed by sending updated information to the school office via email port.melbourne.ps@education.vic.gov.au.

ACCESS TO YOUR CHILD'S RECORD HELD BY SCHOOL

In most circumstances you can access your child's records. Please contact the Principal on 9646 1001 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. Port Melbourne Primary School can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form.

PORT MELBOURNE PRIMARY SCHOOL

STUDENT ENROLMENT YEAR: 20_____

COMPUTER GENERATED STUDENT ID:

STUDENT DETAILS

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

FAMILY HOME ADDRESS:

Number & Street Name (or PO Box)	
Suburb:	
State:	Postcode:
Telephone Number:	Silent Number: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Number:	Home Email:

SIBLINGS / RELATIONS ATTENDING

List any other family members attending Port Melbourne Primary School

OFFICE USE ONLY

Enrolment Date:	Year Level:	Home Group:	House:
Child's Name and Birth Date proof sighted	<input type="checkbox"/>	Proof of Address received (+ copied)	<input type="checkbox"/>
Visa Copies received?	<input type="checkbox"/>	Court Orders sighted (+ copied)	<input type="checkbox"/>
Immunisation Certificate Status sighted?	<input type="checkbox"/>	Confidential Medical received	<input type="checkbox"/>
Is there a Medical Alert for the student?	<input type="checkbox"/>	Asthma/Anaphylaxis Plan received?	<input type="checkbox"/>
Computer Agreement signed and received?	<input type="checkbox"/>	Head Lice Inspection	<input type="checkbox"/>
Local Excursion permission	<input type="checkbox"/>	Use of Student Images	<input type="checkbox"/>
Transition Statement (Prep only)	<input type="checkbox"/>	COMPASS details given	<input type="checkbox"/>
All Fees on Cases21	<input type="checkbox"/>	Stationery List	<input type="checkbox"/>

❖ This question is asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect this information.

PRIMARY FAMILY DETAILS

NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with". If the parents on the birth certificate no longer live together at the same address then please request an **Additional and Alternative family form**. This additional form is designed to cater for varying family circumstances.

The School Start Bonus will be sent to the 'Primary Carer' of Prep and Year 7 students; it is imperative that the legal surname, legal first name and legal second name are recorded.

ADULT A DETAILS (MAIN CONTACT):

Gender: (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____
Title: (Ms, Mr, Mx, Dr etc)
Legal Surname:
Legal First Name:
What is Adult A's occupation?
Who is Adult A's employer?
In which country was Adult A born? <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):
❖ Does Adult A speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick) <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):
Please indicate any additional languages spoken by Adult A: Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
❖ What is the highest year of primary or secondary school Adult A has completed? (tick one) <i>(For persons who have never attended school, mark 'Year 9 or equivalent or below'.)</i>
<input type="checkbox"/> Year 12 or equivalent (4)
<input type="checkbox"/> Year 11 or equivalent (3)
<input type="checkbox"/> Year 10 or equivalent (2)
<input type="checkbox"/> Year 9 or equivalent or below (1)
❖ What is the level of the <i>highest</i> qualification the Adult A has completed? (tick one)
<input type="checkbox"/> Bachelor degree or above (7)
<input type="checkbox"/> Advanced diploma / Diploma (6)
<input type="checkbox"/> Certificate I to IV (including trade certificate) (5)
<input type="checkbox"/> No non-school qualification (8)
❖ What is the occupation group of Adult A? Please select the appropriate parental occupation group from the last page. • 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:

Gender (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____
Title: (Ms, Mr, Mx, Dr etc)
Legal Surname:
Legal First Name:
What is Adult B's occupation?
Who is Adult B's employer?
In which country was Adult B born? <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):
❖ Does Adult B speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick) <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):
Please indicate any additional languages spoken by Adult B: Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
❖ What is the highest year of primary or secondary school Adult B has completed? (tick one) <i>(For persons who have never attended school, mark 'Year 9 or equivalent or below'.)</i>
<input type="checkbox"/> Year 12 or equivalent (4)
<input type="checkbox"/> Year 11 or equivalent (3)
<input type="checkbox"/> Year 10 or equivalent (2)
<input type="checkbox"/> Year 9 or equivalent or below (1)
❖ What is the level of the <i>highest</i> qualification the Adult B has completed? (tick one)
<input type="checkbox"/> Bachelor degree or above (7)
<input type="checkbox"/> Advanced diploma / Diploma (6)
<input type="checkbox"/> Certificate I to IV (including trade certificate) (5)
<input type="checkbox"/> No non-school qualification (8)
❖ What is the occupation group of Adult B? Please select the appropriate parental occupation group from the last page. • 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'.

❖ *These questions are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information – refer to page 8 for codes*

If you wish to help out in classrooms or within the school in any capacity, a Volunteer Working With Children Check (WWCC) is required. You can apply online and it is free:
www.workingwithchildren.vic.gov.au

WWCC Number	
Expiry (date)	
Type (volunteer or educator)	

PRIMARY FAMILY RELATIONSHIPS

Relationship of Adult A to the Student: (tick one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other
Relationship of Adult B to the Student: (tick one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other
The student lives with the Primary Family: <input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced <input type="checkbox"/> Occasionally <input type="checkbox"/> Never			

PRIMARY FAMILY CONTACT DETAILS

ADULT A:

ADULT B:

Business Hours:

Business Hours:

Can we contact Adult A at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Telephone No:
Other Work Contact information:

Can we contact Adult B at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Telephone No:
Other Work Contact information:

After Hours:

After Hours:

Is Adult A usually home AFTER business hours? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone No:
Other After Hours Contact Information:
Mobile No:
Adult A's preferred method of contact:
<input type="checkbox"/> Mail <input type="checkbox"/> Email
Email Address **:

Is Adult B usually home AFTER business hours? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone No:
Other After Hours Contact Information:
Mobile No:
Adult B's preferred method of contact:
<input type="checkbox"/> Mail <input type="checkbox"/> Email
Email Address:

** The email address of Parent A will be used as our main method of contact for communications to parents from the school, including communications from parent reps and Compass.

PRIMARY FAMILY MAILING ADDRESS:

(Please complete If the Mailing Address is different to the Home address on page 1)

Number and Street (or PO Box)	
Suburb:	Post Code
Send correspondence to: <input type="checkbox"/> Parent A <input type="checkbox"/> Parent B <input type="checkbox"/> Both Adults <input type="checkbox"/> Neither	

EMERGENCY CONTACTS (OTHER THAN THE PARENT OR THE PRIMARY CARER):

	<i>Name</i>	<i>Relationship</i> (Neighbour, Relative, Friend or Other)	<i>Telephone Contact</i>
1			
2			

DEMOGRAPHIC DETAILS OF STUDENT

❖ In which country was the student BORN?	
<input type="checkbox"/> Australia	<input type="checkbox"/> Other <i>please specify</i> Country of Birth: _____
Date of arrival in Australia OR Date of Return to Australia: (dd-mm-yyyy) _____/_____/_____	
What is the Residential Status of the <i>student</i> ? (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, Other language <i>please specify</i>
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 arrangement? (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.

Beginning of journey to school:	Map Type: (circle one)	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

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

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 Section 4.1.2.6 of the Victorian Government Schools Reference Guide for more information: <http://www.education.vic.gov.au/management/governance/referenceguide/default.htm>

Enrolment conditions <ul style="list-style-type: none"> • •

STUDENT MEDICAL DETAILS:

Does the student suffer from any of the following impairments? (tick)	Hearing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vision	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Speech:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mobility:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ASTHMA

Please indicate the following symptoms: (tick)		If my child displays any of these symptoms please: (tick)	
<input type="checkbox"/> Cough	<input type="checkbox"/> Difficulty Breathing	Inform Doctor	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Wheeze	<input type="checkbox"/> Tight Chest	Inform Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Exhibits symptoms during or after exertion		Administer Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Other Medical Action (specify):	
Has an Asthma Management Plan been provided to 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? (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"/> in First Aid Room	
Dosage time	Reminder required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Poison Rating	

OTHER MEDICAL CONDITIONS

Does the student have any other medical condition? E.g.: allergies, anaphylaxis, diabetes, heart condition, eczema, epilepsy, hay fever, travel sickness etc. <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 other medical action, 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Poison Rating	

If your child has severe Asthma or Anaphylaxis you must attach their management plan, which has been completed by your GP. Examples of the required management plans are available via the school nurse.

PRIMARY FAMILY DOCTOR DETAILS:

Doctor's Name	Individual or Group Practice? <input type="checkbox"/> Individual <input type="checkbox"/> Group
Number and Street (or PO Box):	Post Code
Telephone Number:	
Current Ambulance Subscription: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medicare Number:

PREVIOUS SCHOOL DETAILS

Name of previous School/Kindergarten :		
Language of previous education:		
Date of first enrolment in an Australian School: _____ / _____ / _____		
Does the student have a Victorian Student Number (VSN)?		
<input type="checkbox"/> Yes (Record here)	<input type="checkbox"/> Yes, but the VSN is unknown	<input type="checkbox"/> No. The student has never been issued a VSN.
Years of interruption to education:	Is the student repeating a year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the student be attending this school full time? (tick)		<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, what will be the time fraction that the student will be attending this school? (i.e: 0.8 = 4 days/week)		
Other school Name:	Time fraction: 0.	Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No

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 next section.)
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:		
Current custody documents placed on file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

DECLARATION

I certify that the information contained within this form is correct.

Signature of Parent/Guardian: _____ Date: _____ / _____ / _____

PARENTAL OCCUPATION GROUP CODES

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

GROUP A Senior management in a large business organisation, government administration or 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)



CURIOSITY · KINDNESS · COURAGE · RESILIENCE

PERMISSION AND AUTHORITY FORM

Name of student: _____ Class: _____

MEDICAL CONSENT	(Please circle)
<p>In the event of illness or injury to my child whilst under the care of school staff, I authorise the school nurse, teacher, or education support staff in charge of my child to provide the necessary First Aid required.</p> <p>I understand that in the event of a serious emergency an ambulance may be called, and I give permission for my child to receive the medical or surgical care deemed necessary by the medical practitioner.</p> <p>Please note: If your child has a Medical Action and/or Management Plan this will be displayed in the first aid room, student's classroom, and staffroom to ensure staff are aware of the care required for your child if a medical emergency occurs.</p>	YES / NO
CONFIDENTIAL HEAD LICE INSPECTION	(Please circle)
<p>To prevent the spread of headlice it may be necessary for our school nurse to conduct a confidential head lice inspection for your child. Please note that health regulations require that when a child has head lice, the child should not return to school until appropriate treatment has commenced.</p> <p>I give permission for my child to be inspected for head lice.</p>	YES / NO
LOCAL EXCURSION CONSENT	(Please circle)
<p>I give permission for my child to attend any excursion within walking distance of the school, under the supervision of school staff.</p> <p>I understand that my child must wear full school uniform on all excursions.</p>	YES / NO
PG MOVIE	(Please circle)
<p>I give permission for my child to watch a PG rated movie.</p>	YES / NO
PHOTOGRAPHY/VIDEO CONSENT	(Please circle)
<p>At PMPS we aim to celebrate our students' achievements and participation in school events and excursions while also showcasing the learning at our school by taking photographs/videos of our students and staff.</p> <p>We seek your permission for the use of these photographs/videos of your child for internal and external school promotional/publicity purposes. For example: on the school grounds, website, newsletter, and/or social media accounts.</p> <p>Please note: Consent to this allows the school to use these photographs and/or films at their discretion.</p>	YES / NO

Name of Parent/Carer: _____ Signature: _____

Date: _____

This permission and authority form will remain in effect for the duration of your child's time at Port Melbourne Primary School. Please contact the School Office if you would like to revoke or alter permission at any stage