

# CLIFTON SPRINGS PRIMARY SCHOOL

## ENROLMENT FORM



**STUDENT NAME** \_\_\_\_\_

### **CHECKLIST:**

- My child/ren will bring their books from previous school \_\_\_\_\_ Y / N
- My child/ren will require books from Clifton Springs Primary School \_\_\_\_\_ Y / N
- Proof of residency supplied (See attached enrolment requirements) \_\_\_\_\_ Y / N
- Birth Certificate / Passport supplied \_\_\_\_\_ Y / N
- Immunisation Certificate supplied \_\_\_\_\_ Y / N
- I have a Health Care Card (complete CSEF form) \_\_\_\_\_ Y / N
- I have completed the CSEF Application Form (page 3) \_\_\_\_\_ Y / N
- Two previous semester reports supplied \_\_\_\_\_ Y / N
- Any relevant Court Orders supplied \_\_\_\_\_ Y / N
- Compass Permission Form (page 6) has been completed \_\_\_\_\_ Y / N
- My child ( Yr 3-6) will be bringing their own ipad for BYOD program \_\_\_\_\_ Y / N
- An Alternate Family Enrolment form is required for their Father / Mother who does not live under the same roof, but has contact with the child/ren. \_\_\_\_\_ Y / N
- Has your child seen in the last 12 months.....(Please tick relevant boxes) \_\_\_\_\_ Y / N
- Speech Therapist  Occupational Therapist  Other  Paediatrician

# **ENROLMENT REQUIREMENTS**

## **SCHOOL ZONING**

Due to Clifton Springs Primary School being identified as "at capacity" by the Department of Education and Training, the Clifton Springs Primary School is strictly zoned. **Only those who reside within the designated neighbourhood boundary will be offered a place of enrolment.** Please see our website or speak to the office staff to establish if your residence is within the school zone. Another criteria that may apply is if your child has siblings currently attending the school. For information on the Department's placement policy, please go to;

<http://www.education.vic.gov.au/school/principals/spag/participation/pages/placement.aspx>

**To assist Clifton Springs primary School in assessing your child's eligibility for enrolment, please include in your enrolment application original or copies of:**

**1. Rental agreements or unconditional contract of sale**

**PLUS**

**2. A copy of two of the following:**

- **electoral enrolment confirmation**
- **council rates notices**
- **other official documentation that demonstrates permanent residency at that address such as a driver's license or health care card.**

Documents should show the same address and parent's/carer's name as recorded on the school enrolment application form.

Optional: On request, you may also be required to complete a statutory declaration confirming the student is living in the address provided in the enrolment application and that the arrangement is genuine and intended to be permanent.

Note: Enrolment applications may not be successful if the requested documentation is not provided.

### **Please return the following information.**

\* **COMPLETED ENROLMENT FORM** – including;

1. Signatures by the parent/guardian for;
  - a) confirmation that all information is correct
  - b) accident authority
  - c) parental authority for local excursions etc.
2. Medical details - Details of medical or other conditions for which your child may need special consideration.
4. Emergency Contacts - two emergency contacts other than the parent/guardian
5. The name of your child's kindergarten under 'Previous School'.
6. The completed Head Lice Check

\* **BIRTH CERTIFICATE**

**Your child must be at least 5 years of age by 30<sup>th</sup> April of the school year they will be attending.**

\* **IMMUNISATION CERTIFICATE**

- phone 1800 653 809 or
- email [acir@medicareaustralia.gov.au](mailto:acir@medicareaustralia.gov.au)
- [www.medicareaustralia.gov.au/online](http://www.medicareaustralia.gov.au/online)
- visit your local Medicare Office.

The most common type of immunisation status certificate is a *Child History Statement* from the Australian Childhood Immunisation Register (ACIR). You will be sent this statement when your child turns five years old, however you can request a certificate at any time.

**Your child can only commence at school upon completion and approval of the above paperwork.**

## CAMPS, SPORTS AND EXCURSIONS FUND (CSEF) APPLICATION FORM

School Name

School REF ID

### Parent/legal guardian details

Surname \_\_\_\_\_

First name \_\_\_\_\_

Address \_\_\_\_\_

Town/suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Contact number \_\_\_\_\_

Centrelink pensioner concession **OR** Health care card number (CRN)

-  -  -  **OR**

Foster parent\* **OR**  Veterans affairs pensioner

\*Foster Parents must provide a copy of the temporary care order letter from the Department of Health and Human Services (DHHS).

### Student details

Child's surname	Child's first name	Student ID	Date of birth (dd/mm/yyyy)	Year level

I authorise the Department of Education and Training (DET) to use Centrelink Confirmation eServices to perform an enquiry of my Centrelink customer details and concession card status in order to enable the business to determine if I qualify for a concession, rebate or service. I also authorise the Australian Government Department of Human Services (DHS) to provide the results of that enquiry to DET.

I understand that:

- DHS will use information I have provided to DET to confirm my eligibility for the Camps, Sports and Excursions Fund and will disclose to DET personal information including my name, address, payment and concession card type and status.
- this consent, once signed, remains valid while my child is enrolled at a registered Victorian school unless I withdraw it by contacting the school.
- I can obtain proof of my circumstances/details from DHS and provide it to DET so that my eligibility for the Camps, Sports and Excursions Fund can be determined.
- if I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the Camps, Sports and Excursions Fund provided by DET.
- information regarding my eligibility for the Camps, Sports and Excursions Fund may be disclosed to the Victorian Department of Health and Human Services and /or State Schools Relief for the purpose of evaluating concession card services or confirming eligibility for assistance.

You are able to request access to the personal information that we hold about you, and to request that any errors be corrected, by contacting your child's school.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## CSEF ELIGIBILITY

Below is the criteria used to determine a student's eligibility for the Camps, Sports and Excursions Fund (CSEF).

### Criteria 1 – Eligibility

To be eligible\* for the fund, a parent or legal guardian of a student attending a registered Government or non-government Victorian primary or secondary school must:

- on the first day of Term one, or;
- on the first day of Term two;
  - a) Be an eligible beneficiary within the meaning of the *State Concessions Act 2004*, that is, be a holder of Veterans Affairs Gold Card or be an eligible Centrelink Health Care Card (HCC) or Pensioner Concession Card (PCC) holder, OR
  - b) Be a temporary foster parent, and;
  - c) Submit an application to the school by the due date.

\* A special consideration eligibility category also exists. For more information, see: [www.education.vic.gov.au/csef](http://www.education.vic.gov.au/csef)

Parents who receive a Carer Allowance on behalf of a child, or any other benefit or allowance not income tested by Centrelink, are not eligible for the CSEF unless they also comply with one of (a) or (b) above.

### Criteria 2 - Be of school age and attend school in Victoria

School is compulsory for all Victorian children aged between six and 17 years of age inclusive.

For the purposes of CSEF, students may be eligible for assistance if they attend a Victorian registered primary or secondary school. Typically, these students are aged between five and 18 years inclusive.

CSEF is not payable to students attending pre-school, kindergarten, home schooled, or TAFE.

### Eligibility Date

For concession card holders CSEF eligibility will be subject to the parent/legal guardian's concession card being successfully validated with Centrelink on the first day of either term one (27 January 2021) or term two (19 April 2021).

## PAYMENT AMOUNTS

### CSEF payment amount

The CSEF is an annual payment to the school to be used towards camps, sports and/or excursion expenses for the benefit of the eligible student.

- Primary school student rate: \$125 per year.
- Secondary school student rate: \$225 per year.

The CSEF is paid directly to your child's school and will be allocated by the school towards camps, sports and/or excursion costs for your child.

**For ungraded students**, the rate payable is determined by the student's date of birth. For more information, see: [www.education.vic.gov.au/csef](http://www.education.vic.gov.au/csef)

**Year 7 government school students** who are CSEF recipients are also eligible for a uniform voucher. Secondary schools are required to make applications on behalf of parents so please register your interest at the school.

## HOW TO COMPLETE THE APPLICATION FORM

### NOTE: ALL SECTIONS MUST BE COMPLETED BY PARENT/LEGAL GUARDIAN

1. Complete the PARENT/LEGAL GUARDIAN DETAILS section.  
Make sure that the Surname, First Name, and Customer Reference Number (CRN) details match those on your concession card. You will also need to provide your concession card to the school.  
If you are claiming as a Foster Parent or a Veteran Affairs Pensioner, you will need to provide a copy of documentation confirming your status as a temporary Foster Parent or provide your Veterans Affairs Pensioner Gold card to the school.
2. Complete the STUDENT/S DETAILS section for students at this school.
3. Sign and date the form and return it to the school office as soon as possible. The CSEF program for 2021 closes on 25 June, 2021.

CSEF payments cannot be claimed retrospectively for prior years.

**Queries relating to CSEF eligibility and payments should be directed to the school.**

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# Preparing for the future: Digital Learning at Clifton Springs Primary School



Our school uses online services to support a high quality and innovative learning environment. The following information sheet provides plain language explanations about student participation, privacy compliance and copyright components of digital learning at our school.

## ***What type of online services are used at our school?***

Compass and other online learning tools are used at Clifton Springs Primary School to support and enhance the educational experiences of all students. Access to a vast array of tools online allows students to develop contemporary skills that are needed for their future in a world where being connected, able to communicate and collaborate, and be creative are integral. It is through the use of online tools that staff at Clifton Springs Primary School give students the opportunity to explore learning beyond the walls of the classroom, and in doing so, also teach them important skills about how to be critical consumers and ethical users of the information and websites that they encounter.

Compass is one named service for which students that are enrolled at Clifton Springs Primary School will automatically have an account created for them. Students will at times also use other online services where they will be asked to create an account or their classroom teacher would have generated an account for them. An updated list of these services can be found at <http://www.cliftonspringsps.vic.edu.au/byod.html>

## ***What are the benefits of using online services and how do we use them?***

As part of the learning program at Clifton Springs, Compass provides a learning portal, used by many Victorian schools, that is accessible by all parents and teachers. It serves as a method of providing assessment, reporting and ongoing learning information of all students. Compass also includes functionality that allows students and teachers to collaborate and share ideas that aim to increase the depth of student learning. Additionally, it will also be used by the school to track student wellbeing in a highly confidential and secure manner, for example attendance, health and safety incident reporting and learning behaviours related to the school values.

The Compass domain will be administered by a number of school staff and interactions and spaces online will also be monitored by the classroom teacher.

## ***What personal information is required to create and use an online account to access the online services?***

Only limited personal information is used for most online learning i.e. name and class.

Compass requires a login to be created for families. For this purpose, the school will use the students' Cases21 identification (eg JEN002) to create a username and in the future email addresses.

Compass will then use this email provided to generate an account, using the email account as a user name. Parents/carers will then use the account to login to the Compass platform.

More information on our online services here:

<http://www.cliftonspringsps.vic.edu.au/digital-learning.html>

Some other personal information is utilised by some services for the purpose of monitoring students learning and wellbeing, for example:

- Parents contact details
- Medical alert information
- Timetable information
- Attendance data

All of this information is accessible within the DET Cases21 system and is provided to the school upon enrolment. No other personal information is added to online tools other than the uploading of students' work, feedback and assessment from teachers, and health and safety incident reporting records.

## ***How do we protect personal and other information?***

Victorian privacy laws require schools to handle personal information in accordance with the appropriate principles such as the 10 Information Privacy Principles. In most cases personal information is stored in servers located in Australia, in limited cases such as Google, servers are located internationally, governed by their own privacy policy that respects data security. The school has monitoring capabilities for Google to ensure appropriate and safe use.

The audience is restricted to users of the Compass system. It is further restricted within student profiles so that only the parent or carer of each child has access to their child's information.

Compliance assessments, appropriate contractual documents and monitoring ensure all data is securely and appropriately handled. For more information or copies of Privacy Impact Assessments please contact the College.

***What content and materials (i.e. photos, stories, videos) your child will be able to share through the online services?***

Students own the copyright in any work they create if it is their original work. Please note that students may only use the work of another student in the course of collaborative or group work, or with the permission of the other student. The student may create a variety of work such as:

- art work or photographs
- video or digital story
- school projects and assessment materials
- podcasts and other streaming outputs
- written work, such as assignments, essays or poetry

Where this work contains identifiable information about themselves or others, the school will guide students on ethical considerations such as respect and consent.

The reproduction of student work is often used to demonstrate excellence and celebrate the efforts of students with the wider community. The school asks students for permission to reproduce and publish student work in this way.

***What school policies and support apply to these services?***

The Clifton Springs Primary School Digital Learning Community Agreement will be used to inform the school community on acceptable behaviours. Our school policies are available from our school website. Students will be supported to develop Cyber Safe practices online. In some instances inappropriate use of online tools may require personal information such as messages or comments in the system to be discussed with a child and their family.

***What if I choose to opt-out of online tools for my child?***

Please consider the benefit of these online tools as important ways that we can leverage enhanced learning experiences for students, and balance this with the minimal risks which are mitigated by: limiting information to that needed, supporting safe use and data security compliance. We are happy to discuss any concerns you may have - please contact the Principal or Assistant Principal's at the school on 5251 3581.

To discuss the use of online tools please contact the school to help us understand any parental concerns related to your child's learning opportunities using online tools.

***\*Please sign this permission form for your child and return it to school.  
You will then be provided with Compass login information and a 'How To' Handbook.  
Please keep your login details secure so only you will be able to view your own child/ren information.  
Parents who are not living under the same roof as the child (where no Court Order limits contact,) can receive their own login as an Alternative Family by contacting the school on 5251 3581***

I give consent for the Clifton springs Primary School to provide me with an account for Compass to allow me to,

- view attendance or submit my child's absences,
- view reports and learning tasks,
- give permission and make payment for my child's Events
- view the school newsletter and receive alerts, reminders or other school based information.

Student Name \_\_\_\_\_

Student Name \_\_\_\_\_

Student Name \_\_\_\_\_

Parent's signature: \_\_\_\_\_

Parent's printed name: \_\_\_\_\_ Date: \_\_\_\_\_

# PRIVACY COLLECTION NOTICE

Information for students, parents and carers

The Department of Education and Training (the Department) values your privacy and is committed to protecting the personal and health information that schools collect.

All school staff must comply with Victorian privacy law and the [Schools' Privacy Policy](#). This notice explains how the Department, including Victorian government schools (schools), handles personal and health information. On occasion, specific consent will be sought for the collection and use of information, for example, for a student to receive a health service. Our schools are also required by legislation, such as the *Education and Training Reform Act 2006*, to collect some of this information.

Throughout this notice, 'staff' includes principals, teachers, student support service officers, youth workers, social workers, nurses and any other allied health practitioners, and all other employees, contractors, volunteers and service providers of the school and the Department.

On enrolment, and during the ordinary course of a student's attendance at a school, schools will collect information about students and their families for the following purposes:

- educating students
- supporting students' social and emotional wellbeing, and health
- fulfilling legal obligations, including duty of care, anti-discrimination law and occupational health and safety law
- communicating and engaging with parents
- student administration
- school management
- supporting policy in relation to student education and wellbeing.

If this information is not collected, schools may be unable to provide optimal education or support to students or fulfil legal obligations.

For example, our schools rely on parents to provide **health information** about any medical condition or disability that their child has, medication their child may take while at school, any known allergies and contact details of their child's doctor. If parents do not provide all relevant health information, this may put their child's health at risk.

Our schools also require current, relevant information about all **parents and carers** so that schools can take account of safety concerns that affect their children. Parents should provide schools with copies of all current parenting plans and court orders about or that affect their children and provide updated copies when they change.

When parents enrol their child in primary school, they will be asked to provide personal and health information in several ways, including via the Enrolment Form, the [School Entrance Health Questionnaire](#) (SEHQ) and the [Early Childhood Intervention Service](#) (ECIS) Transition Form.

The **Enrolment Form** is used to collect information that is essential for the purposes listed above, and requests information such as:

- **Emergency contacts** – Individuals parents nominate for a school to contact during an emergency. Parents should ensure that their nominated emergency contact agrees to their contact details being provided to the school and that they understand their details may be disclosed by the Department if lawful, e.g. in the case of emergency communications relating to bush fires or floods.
- **Student background information** – Information about country of birth, Aboriginal or Torres Strait Islander origin, language spoken at home and parent occupation. This information enables the Department to allocate appropriate resources to schools. The Department also uses this information to plan for future educational needs in Victoria and shares some information with the Commonwealth government to monitor, plan and allocate resources.
- **Immunisation status** – This assists schools to manage health risks and legal obligations. The Department may also provide this information to the Department of Health and Department of Families, Fairness and Housing to assess immunisation rates in Victoria, but not in a way which identifies students.
- **Visa status** – This is required to process a student's enrolment.

All schools may use departmental systems and online tools such as apps and other software to effectively collect and manage information about students and families for the purposes listed above.

When schools use these online tools, they take steps to ensure that student information is secure. If parents or carers have any concerns about the use of these online tools, please contact the school.

School staff will only share student and family information with other school staff who need to know to enable them to educate or support the student as described above. Information will only be shared outside the school (and outside the Department) as required or authorised by law, including where sharing is required to meet duty of care, anti-



discrimination, occupational health and safety, and child wellbeing and safety obligations. The information collected will not be disclosed beyond the school and Department without parent consent unless such disclosure is lawful. When a student transfers to another school (including Catholic, independent and interstate), personal and/or health information about that student may be transferred to the next school. Transferring this information is in the best interests of the student and assists the next school to provide the best possible education and support to the student. For further detail about how and what level of information is provided to the next school, refer to the: [Enrolment: Student transfers between schools](#)

Schools only provide school reports and ordinary school communications to students, parents, carers or others who have a legal right to that information. Requests for access to other student information or by others must be made by lodging a [Freedom of Information](#) (FOI) application.

To update student or family information, parents should contact their school.

For more information about how schools and the Department collect and manage personal and health information, or how to access personal and health information held by a school about you or your child, refer to the: [Schools' Privacy Policy](#)



# CLIFTON SPRINGS PRIMARY SCHOOL

STUDENT ENROLMENT INFORMATION – 20\_\_

Computer Generated Student ID: \_\_\_\_\_

## STUDENT DETAILS

### PERSONAL DETAILS OF STUDENT

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

### PRIMARY FAMILY HOME ADDRESS:

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

### OFFICE USE ONLY

Child's Name and Birth Date proof sighted (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrolment Date:		
Year Level	Home Group	Timetabling Group	House	Campus		
Student Email Address:						
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". Additional and Alternative family forms are available from the school if this is required. These additional forms are designed to cater for varying family circumstances.

### ADULT A DETAILS (PRIMARY CARER):

<b>Gender :</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____ fill in blank
<b>Title:</b> (Ms, Mrs, Mr, Mx, Dr etc)
<b>Legal Surname:</b>
<b>Legal First Name:</b>
<b>What is Adult A's occupation?</b>
<b>Who is Adult A's employer?</b>
<b>In which country was Adult A born?</b> <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):
❖ <b>Does Adult A speak a language other than English at home?</b> (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):
<b>Please indicate any additional languages spoken by Adult A:</b>
<b>Is an interpreter required?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
❖ <b>What is the highest year of primary or secondary school Adult A has completed?</b> (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
❖ <b>What is the level of the <i>highest</i> qualification the Adult A has completed?</b> (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
❖ <b>What is the occupation group of Adult A?</b> Please select the appropriate parental occupation group from the attached list. • If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. • If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. <input type="checkbox"/>

### ADULT B DETAILS:

<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____ fill in blank
<b>Title:</b> (Ms, Mrs, Mr, Mx, Dr etc)
<b>Legal Surname:</b>
<b>Legal First Name:</b>
<b>What is Adult B's occupation?</b>
<b>Who is Adult B's employer?</b>
<b>In which country was Adult B born?</b> <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):
❖ <b>Does Adult B speak a language other than English at home?</b> (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):
<b>Please indicate any additional languages spoken by Adult B:</b>
<b>Is an interpreter required?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
❖ <b>What is the highest year of primary or secondary school Adult B has completed?</b> (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
❖ <b>What is the level of the <i>highest</i> qualification the Adult B has completed?</b> (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
❖ <b>What is the occupation group of Adult B?</b> Please select the appropriate parental occupation group from the attached list. • If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. • If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. <input type="checkbox"/>

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

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

# 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)

**PRIMARY FAMILY CONTACT DETAILS**

**ADULT A CONTACT DETAILS:**

*Business Hours:*

Can we contact Adult A at work? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Adult A usually home during business hours? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Telephone No:	
Other Work Contact information:	

**ADULT B CONTACT DETAILS:**

*Business Hours:*

Can we contact Adult B at work? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Adult B usually home during business hours? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Telephone No:	
Other Work Contact information:	

*After Hours:*

Is Adult A usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone No:	
Other After Hours Contact Information:	
Mobile No:	
SMS Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adult A's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)	
<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Facsimile	
Email address:	
Email Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fax Number:	

*After Hours:*

Is Adult B usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone No:	
Other After Hours Contact Information:	
Mobile No:	
SMS Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adult B's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)	
<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Facsimile	
Email address:	
Email Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fax Number:	

**PRIMARY FAMILY MAILING ADDRESS:**

Write "As Above" if the same as Family Home Address

No. & Street or PO Box	
Suburb:	
State:	Postcode:

**EMAIL ABSENCE MESSAGING**

Clifton Springs Primary School operates an EMAIL reporting system through Compass if a students is absent or late without prior approval or a note.

An automated message will be transmitted to the email of ADULT A at 10:30am.

If you do not have an email address please inform the Administration office.

**PRIMARY FAMILY DOCTOR DETAILS:**

Doctor's Name		Individual or Group Practice: (tick)		<input type="checkbox"/> Individual	<input type="checkbox"/> Group
No. & Street or PO Box No.:					
Suburb:					
State:				Postcode:	
Telephone Number				Fax Number	
Current Ambulance Subscription: (tick)			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medicare Number:

**PRIMARY FAMILY EMERGENCY CONTACTS:**

	Name	Relationship (Neighbour, Relative, Friend or Other)	Telephone Contact	Language Spoken (If English Write "E")
1				
2				
3				
4				

**PRIMARY FAMILY BILLING ADDRESS:**

Write "As Above" if the same as Family Home Address

No. & Street or PO Box	
Suburb:	
State:	Postcode:
Billing Email	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B
<input type="checkbox"/> Other (Please Specify)	

**OTHER PRIMARY FAMILY DETAILS**

Relationship of Adult A to Student: (tick one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other
Relationship of Adult B to Student: (tick one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other

The student lives with the Primary Family: (tick one)				
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never

Send Correspondence addressed to: (tick one)	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both Adults	<input type="checkbox"/> Neither
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## DEMOGRAPHIC DETAILS OF STUDENT

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

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

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

<b>Beginning of journey to school:</b>	<b>Map Type</b>	Melway / VicRoads / Country Fire Authority / Other		
<b>Map Number</b>	<b>X Reference</b>	<b>Y Reference</b>		
<b>Usual mode of transport to school: (tick)</b>				
<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 themselves to school:	Car Reg. No.		Distance to School in kilometres:	

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

## SCHOOL DETAILS

Date of first enrolment in an Australian School: _____ / _____ / _____	
Name of previous School (or Pre-School if enrolling into Prep)	
Years of previous education:	What was the language of the student's previous education?
Does the student have a Victorian Student Number (VSN)?	
<input type="checkbox"/> Yes. <input type="checkbox"/> Yes, but the VSN is unknown <input type="checkbox"/> No. The student has never been issued a VSN. Please specify: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Years of interruption to education:	Is the student repeating a year? (tick) <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
Other school Name:	Time fraction: 0. Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No

## CONDITIONAL ENROLMENT DETAILS

In some circumstances a child may be enrolled conditionally, particularly if the required enrolment documentation to determine the shared parental responsibility arrangements for a child is not provided. Please refer to the School Policy & Advisory Library for more information <https://www2.education.vic.gov.au/pal/enrolment/policy>

Enrolment conditions
•
•

## OFFICE USE ONLY

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



**STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS**

<b>Is the student at risk?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>Is there an Access Alert for the student?</b> (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.)		
<b>Access Type:</b> (tick)	<input type="checkbox"/> Parenting Order	<input type="checkbox"/> Parenting Plan	<input type="checkbox"/> Intervention Order	<input type="checkbox"/> Protection Order
	<input type="checkbox"/> Informal Carer Stat Dec	<input type="checkbox"/> DHHS Authorisation	<input type="checkbox"/> Witness Protection Program Order	<input type="checkbox"/> Other
<b>Describe any Access Restriction:</b>				
<b>Is there an Activity Alert for the student?</b> (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 CONSENT**

In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school; I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to: (cross out any unacceptable statement)

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

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## STUDENT MEDICAL DETAILS

### MEDICAL CONDITION DETAILS:

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

### ASTHMA MEDICAL CONDITION DETAILS:

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

<b>Please indicate if the student suffers from any of the following symptoms:</b> (tick) <input type="checkbox"/> Cough <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Wheeze <input type="checkbox"/> Exhibits symptoms after exertion <input type="checkbox"/> Tight Chest		<b>If my child displays any of these symptoms please:</b> (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:	
<b>Has an Asthma Management Plan been provided to School?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does the student take medication?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Name of medication taken:</b>	
<b>Is the medication taken regularly by the student (preventive) or only in response to symptoms?</b> (tick)			<input type="checkbox"/> Preventative <input type="checkbox"/> Response
<b>Indicate the usual dosage of medication taken:</b>		<b>Indicate how frequently the medication is taken:</b>	
<b>Medication is usually administered by:</b> (tick) <input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other			
<b>Medication is stored:</b> (tick) <input type="checkbox"/> with Student <input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere			
<b>Dosage time</b>		<b>Reminder required?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Poison Rating</b>	

### OTHER MEDICAL CONDITIONS

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

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

## 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.

<b>Doctor's Name:</b>	
<b>Individual or Group Practice:</b> (tick)	<input type="checkbox"/> Individual <input type="checkbox"/> Group
<b>No. &amp; Street or PO Box No.:</b>	
<b>Suburb:</b>	
<b>State:</b>	<b>Postcode:</b>
<b>Telephone Number</b>	<b>Fax Number</b>
<b>Student Medicare Number:</b>	

## STUDENT EMERGENCY CONTACTS

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

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

## TRAVEL DETAILS FOR SPECIAL SCHOOLS

<b>How will the student travel to school? (tick)</b>			
<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
<b>First date of travel?</b> (tick)	<input type="checkbox"/> Next school year	Alternate date: (dd-mm-yyyy) _____ / _____ / _____	
<b>Is the student applying to travel on a school bus or for other travel assistance? (tick)</b>			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<b>Type of travel assistance requested?</b> (completion of additional form required)			
<input type="checkbox"/> Access to School Bus		<input type="checkbox"/> Conveyance Allowance	
<b>If by School Bus, please advise local bus stop if known:</b>			
Landmark:	Map Type:	X _____	Y _____
<b>Assisted Mobility (if applicable):</b>			
If applicable, specify the student's mode of assisted mobility. <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker			
<b>Comments relevant to travel:</b>			

**Office Use Only:**

**Can the student Individual Learning Plan (ILP) 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 existing route (if applicable)?**       Yes                                       No

**Pick-up Point:**                                      Map Ref:                                      Time AM:

**Set Down Point:**                                      Map Ref:                                      Time PM:

NOTE: Students residing in Rural/Regional Victoria or attending special schools may be entitled to receive transport assistance. The Department may give access to a school bus service or pay a conveyance allowance to assist with the cost of travel. Information on eligibility and the application process can be obtained from the school.

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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# CONSENT FORM TO CONDUCT HEAD LICE INSPECTIONS

Permission to cover the duration of the student's schooling at:

## CLIFTON SPRINGS PRIMARY SCHOOL

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

The management of head lice infection works best when all children are involved in our screening program.

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

The inspections of students will be conducted by a trained person approved by the principal and school council.

Before any inspections are conducted the person conducting the inspections will explain to all students what is being done and why and it will be emphasised to students 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 each student's hair to see if any lice or eggs are present.

Person's authorised by the school principal may also visually check your child's hair for the presence of head lice, when it is suspected that head lice may be present. They do not physically touch the child's head during a visual check.

In cases where head lice are found, the person inspecting the student will inform the student's teacher and the principal. The school will make appropriate contact with the parents/guardians/carers.

Please note that health regulations requires that where a child has head lice, that child should not return to school until appropriate treatment has commenced. The school may request the completion of an 'action taken form', which requires parents/guardians/carers to nominate if and when the treatment has started.

Parent's/guardian's/carer's full name: .....

Parent's/guardian's/carer's full name: .....

Address:..... Post code:.....

Name of child attending the school:.....

I hereby give my consent for the above named child to participate in the school's head lice inspection program for the duration of their schooling at this school.

Signature of parent/guardian/carer: ..... Date.....

Signature of parent/guardian/carer: ..... Date.....

Please inform the school if guardianship/custody changes for your child, as this form will need to be re-signed to reflect these changes. Please also inform the school in writing if you no longer wish to provide consent for the school to undertake head lice inspections for your child.

## THE ADMINISTRATION OFFICE

The Administration Office is open between 8:15am and 4:30pm Monday to Friday.  
If calling outside of these hours, please leave a voicemail.  
For absences, please use extension 1.

Business Manager: Brenda Way  
Office Manager: Michelle Thomas  
Administration: Millie Fleet  
General Office: (03) 5251 3581  
Email: [clifton.springs.ps@education.vic.gov.au](mailto:clifton.springs.ps@education.vic.gov.au)

The School website is full of additional information –  
[www.cliftonspringsps.vic.edu.au](http://www.cliftonspringsps.vic.edu.au)

### SCHOOL LUNCH ORDERS – FRIDAY ONLY

You can find current school lunch information on our school website:  
<http://www.cliftonspringsps.vic.edu.au/canteen.html>

### SCHOOL UNIFORM

You can find current school uniform information on our school website:  
<http://www.cliftonspringsps.vic.edu.au/uploads/5/6/8/5/56855311/uniform.pdf>

### OUTSIDE SCHOOL HOURS CARE PROGRAM (OSHC)

An Outside School Hours Care Program is provided by Clifton Springs Primary School:  
<http://www.cliftonspringsps.vic.edu.au/oshc.html>

### BYOD (BRING YOUR OWN DEVICE) PROGRAM

The school also runs a BYOD (bring your own device) program for students:  
<http://www.cliftonspringsps.vic.edu.au/byod.html>

## Clifton Springs Primary School is a Sun Smart School –

All students are required to wear hats whilst outside from  
1<sup>st</sup> September to 1<sup>st</sup> May.  
These are available from the school office.

