



SURNAME _____

ARARAT WEST PRIMARY SCHOOL

Your child's future begins here

Phone: 03 5352 1909

Fax: 03 5352 4989

Email: ararat.west.ps@education.vic.gov.au

Facebook: www.facebook.com/araratwestprimaryschool

Website: www.araratwestps.vic.edu.au

Kneebone Street

P.O. Box 105

Ararat, 3377

Victoria

STUDENT ENROLMENT FORM 2022

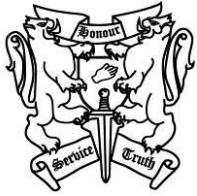
- Please read information on page two first.
- Please complete all sections of this enrolment form.
- Please ensure all areas on pages 8 & 10 have been signed and dated.

IMPORTANT

Questions with this symbol ❖ (and shaded yellow) are a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information. Please ensure that all areas with this symbol are completed accurately.



Satisfactory evidence of a child's date of birth must be provided by the parent/guardian at the time of enrolment. The evidence of the date of birth could be official (for example, a birth certificate or extract of birth) or unofficial (for example, a note from a doctor who can attest to the child's age).



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 Ararat West Primary School can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Ararat West 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 Ararat West 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. Ararat West Primary School depends on you to provide all relevant health information because withholding some health information may put your child's health at risk.

Ararat West 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 Ararat West Primary 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 Ararat West Primary 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 Ararat West Primary 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 the school to process your child's enrolment.

UPDATING YOUR CHILD'S RECORDS

Please let Ararat West Primary School know if any information needs to be changed by sending updated information to the school office. During your child's time with the 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. The Department can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form. This form is available on request.

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.

STUDENT ENROLMENT INFORMATION - 2022	Computer Generated Student ID:	
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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		

STUDENT DETAILS

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: <input type="checkbox"/>		Mobile Number:	
Email address: Adult A		Email Notifications: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Email Address: Adult B		Email Notificaitons: <input type="checkbox"/> Yes <input type="checkbox"/> No			

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.

ADULT A DETAILS (PRIMARY CARER):

Gender (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> _____ fill in blank
Title: (Ms, Mrs, Mr, Mx, Dr etc)			
Legal Surname:			
Legal First Name:			
What is Adult A's occupation? (What is Adult A's <u>current</u> occupation?) (Please specify)			
Who is Adult A's employer? (Who is Adult A's <u>current</u> employer) (Please specify)			
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 <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 <i>highest</i> 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		

ADULT B DETAILS:

Gender (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> _____ fill in blank
Title: (Ms, Mrs, Mr, Mx, Dr etc)			
Legal Surname:			
Legal First Name:			
What is Adult B's occupation? (What is Adult B's <u>current</u> occupation?) (Please specify)			
Who is Adult B's employer? (Who is Adult B's <u>current</u> employer) (Please specify)			
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 <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 <i>highest</i> 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		

OFFICE USE ONLY

❖ What is the occupation group of Adult A?	
<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'. 	<input type="checkbox"/>

OFFICE USE ONLY

❖ What is the occupation group of Adult B?	
<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'. 	<input type="checkbox"/>

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

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:		

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
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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 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
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Primary Family Mailing Address:

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

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

PRIMARY FAMILY BILLING ADDRESS:

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

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



Direct Deposit and Bpay

The school has both Direct Deposit and Bpay access. Families who wish to use either process to pay school fees, camps or netbook leases can contact the Front Office for further information.

Direct Deposit details:-

ANZ Ararat: Ararat West Primary School

BSB: 013-504

Account No: 2841-46166

PRIMARY FAMILY DOCTOR DETAILS:

Doctor's Name		Individual or Group Practice: <input type="checkbox"/> Individual <input type="checkbox"/> Group (tick)	
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				

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

WORKING WITH CHILDREN CARD (WWCC):

ADULT A:

Do you have a Working with Children Card? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WWCC Number:		
WWCC Expiry Date:		
Card type:	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Employee

ADULT B:

Do you have a Working with Children Card? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WWCC Number:		
WWCC Expiry Date:		
Card type:	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Employee

If you have a WWCC please link Ararat West PS as a place you volunteer at to ensure we receive the required documentation. Please provide a copy of your card to the Front Office. Thank you

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

❖ 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.

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
Access Type: (tick)	<input type="checkbox"/> Parenting Order	<input type="checkbox"/> Parenting Plan
	<input type="checkbox"/> Informal Carer Stat Dec	<input type="checkbox"/> DHHS Authorisation
		<input type="checkbox"/> Intervention Order
		<input type="checkbox"/> Witness Protection Program Order
		<input type="checkbox"/> Protection 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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❖ 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, Kindergarten or Childcare:			
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"/> <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

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
		Distance to School in kilometres:		

HEAD LICE INSPECTIONS CONSENT

Throughout your child's enrolment at Ararat West Primary School, head lice inspections will be arranged. 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. Before any inspections are conducted staff 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 inspection of students will be conducted by staff and parent helpers who will check through each student's hair to see if any lice or eggs are present. Please note that the law requires that when a child has head lice, that child should not return to school until appropriate treatment has commenced.

Please tick <input type="checkbox"/> I consent <input type="checkbox"/> I do not consent	
to my child receiving regular head lice checks throughout their enrolment at Ararat West Primary School.	
Parent/Guardian Name: _____ (Please Print)	
Signed: _____ Date: ____ / ____ / ____ (Parent/Guardian)	

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.

Please indicate if the student suffers from any of the following symptoms: (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		If my child displays any of these symptoms 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:	
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 Administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No		Inform Emergency Contact <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	

PHOTO AUTHORITY

At Ararat West Primary School, we continually celebrate the efforts of our students by mentioning their participation in school events and their achievements in our weekly school newsletter. Occasionally photographs of the students are included.

Additionally, we use photographs of students on our school Internet website and our Facebook page. On the website there are images of students, but we endeavour to use group activity photographs and we certainly never identify individual students, although the year level may be indicated.

We regularly invite the local press to school events and they are expected to follow privacy legislation and school policy with respect to the publication of student photographs. When a story concerns an individual achievement, we will always seek your consent before passing on information or photographs for publication. Generally, a story in the press will feature a group of students involved in a sporting event or school function. In such instances the school is prepared to allow group photos to be published and the name of the students are supplied.

If you have any concerns about the use of photographs of your child/ren, please do not hesitate to contact the school.

<p>Please tick <input type="checkbox"/> I consent <input type="checkbox"/> I do not consent</p> <p>for images of my son/daughter to be used in the school newsletter, local press and any other publication and media the school deems appropriate.</p> <p>Parent/Guardian Name: _____ (Please Print)</p> <p>Signed: _____ Date: ____ / ____ / ____ (Parent/Guardian)</p>
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<h3>MEDICAL AUTHORITY</h3> <p>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: <i>(cross out any unacceptable statement)</i></p> <ul style="list-style-type: none">▪ 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. <p>Parent/Guardian Name: _____ (Please Print)</p> <p>Signed: _____ Date: ____ / ____ / ____ (Parent/Guardian)</p>
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RELIGIOUS AFFILIATION

Student's Religion: _____

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.

<p>I certify that the information contained within this form is correct.</p> <p>Signature of Parent/Guardian: _____ Date: ____ / ____ / ____</p>
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