



Gormandale & District Primary School

ENROLMENT FORM

PRINCIPAL: Ms. Tamara Halket

Gormandale & District Primary School
38 Main Road
Gormandale 3873

Telephone No. 03 51977444
Email Address: gormandale.ps@edumail.vic.gov.au
Website: www.gormandale.vic.gov.au

Student Name: _____

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



Health information is asked for so that staff at Gormandale & District 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. Gormandale & District Primary School depends on you to provide all relevant health information because withholding some health information may put your child's health at risk.

Gormandale & District 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 Gormandale & District Primary 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 Gormandale & District 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 Gormandale & District Primary 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 Gormandale & District 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 Gormandale & District 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 Gormandale & District Primary School to process your child's enrolment.

Updating Your Child's Records

Please let Gormandale & District Primary School know if any information needs to be changed by sending updated information to the school office. During your child's time with Gormandale & District Primary School we will also send you copies of enrolment information held by us. Please use this opportunity to let us know of any changes.

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. Please call the Department's Privacy Manager on (03) 9637 3601 if you would like this information.

PRIVACY NOTICE

I have read the privacy notice and understand it. I consent to have the information dealt with in the manner described.

Signature of parent/guardian _____

Gormandale & District Primary School

INTERNET AGREEMENT

Our school is an eSmart school with a focus on ensuring you are safe when using the Internet.

Student Name:

Date:.....

I, understand that I am responsible for my own actions while using the internet as a learning tool.

I understand that I must display a full understanding of this agreement and further lessons before being accepted to hold any sort of licence.

The internet, like the real world, is a place where there are lots of places to go and visit and explore. Like the real world there are places that are suitable only for adults and many places that are more suited to children.

With this understanding, I agree to the following rules:

- Use common sense at all times
- Never give out personal information such as a phone number, access or password
- Represent myself honestly at all times
- Check with the teacher to see if I am permitted to access the internet
- Disengage from people who are nasty, argumentative or acting inappropriately
- Contact the teacher immediately if I have trouble getting out of a difficult situation
- The classroom teacher will keep this agreement for the current year.

I understand that:

- Serious breaches of the rules regarding internet usage will result in an indefinite loss of this privilege
- If I do not return this signed agreement I will not be permitted to use the internet.

Signed: Grade:

As a parent/guardian of the above signed student I agree to the terms and conditions of this agreement and grant permission to

learning on the internet.

Signed:

Approved: Date:

CONSENT FORM TO CONDUCT HEAD LICE INSPECTIONS

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

Gormandale & District 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 you 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/ren attending school.....

I hereby give my consent for the above named child/ren 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.

Gormandale & District Primary School

38 Main Road, Gormandale 3873

Ph: (03) 51977444

gormandale.ps@edumail.vic.gov.au

Principal: Ms. Tamara Halket

CONSENT FORM FOR LOCAL EXCURSIONS

Permission to cover the duration of the student's schooling at this school.

Throughout your child's schooling, children will be involved in local excursions including nature walks, films, performing art shows, cultural activities etc. as part of the school program.

These local excursions do not include any form of vehicle transportation. A separate notice and permission form will be sent home prior to any non local excursion.

Name of child attending the school:

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

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

I hereby give my consent for the above named child to participate in the school's local excursions 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's local excursions.

Gormandale & District Primary School

38 Main Road, Gormandale 3873

Ph: (03) 51977444

gormandale.ps@edumail.vic.gov.au

Principal: Ms. Tamara Halket

PUBLICITY PUBLISHED AND DISPLAYED MATERIAL

We seek your permission to include your child's work, photographs and / name in the school newsletter, local paper, school website, internet, classroom displays and public places eg: Public library.

Please Note: At no time will students SURNAMES appear on the internet, in the school newsletter, in newspaper or public displays.

Student's Name:.....

I give permission for my child's **PHOTOGRAPH** to appear (please tick)

- In the School Newsletter (**which will be included on the school Website**)
- On the School Website
- On the Internet
- In Classroom Displays
- In Public Spaces (eg. Art Entre, Public Library)

I give permission for my child's **WORK** to appear (please tick)

- In the School Newsletter (**which will be included on the school Website**)
- On the School Website
- On the Internet
- In Classroom Displays
- In Public Spaces (eg. Art Entre, Public Library)

I give permission for my child's **FIRST NAME** to appear (please tick)

- In the School Newsletter (**which will be included on the school Website**)
- On the School Website
- On the Internet
- In Classroom Displays
- In Public Spaces (eg. Art Centre, Public Library)

Signed Parent/Guardian.....Date.....