

PRIVACY POLICY

INFORMATION ABOUT THE ENROLMENT FORM

Please Read This Notice Before Completing The Enrolment Form. For Accuracy and Completeness both the student seeking enrolment and A Parent/Career Should Complete The Form.

This confidential enrolment form asks for personal information about the student, family members and others that provide care for them. The main purpose for collecting this information is so that The Lakes South Morang College can register the student and allocate staff and resources to provide for their educational and support needs.

Health information is asked for so that staff at The Lakes South Morang College can properly care for the student. This includes information about any medical condition or disability the student may have, medication they may rely on while at school, any known allergies and contact details of the student's doctor. The Lakes South Morang College depends on all relevant health information being provided because withholding some health information may put the student's health at risk.

The Lakes South Morang College 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 Lakes South Morang College. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Principal, The Lakes South Morang College, if you would like to discuss, in strict confidence, any matters relating to family arrangements.

Emergency Contacts

These are people that The Lakes South Morang College 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 Lakes South Morang College.

Student Background Information

This includes information about a person's country of birth, aboriginality, language spoken at home and parent occupation. This information is collected so that The Lakes South Morang College 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, reporting, 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.

Visa status

This information is required to enable The Lakes South Morang College to process the student's enrolment.

UPDATING YOUR SCHOOL RECORDS

Please let The Lakes South Morang College know if any information needs to be changed by sending updated information to the school office. During the student's time with The Lakes South Morang College we will also send home copies of enrolment information held by us. Please use this opportunity to let us know of any changes.

ACCESS TO THE STUDENT RECORD HELD BY SCHOOL

In most circumstances the student can access records about them that are held by The Lakes South Morang College. 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 Lakes South Morang College 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.



THE LAKES SOUTH MORANG COLLEGE

Website: www.thelakes.edu.au

SECONDARY CAMPUS:

☎ 9401 3919 ☎ 9401 2741
80 Jardier Terrace, South Morang

PRIMARY CAMPUS:

☎ 9404 9000 ☎ 94071308
275 Gordons Road, South Morang

STUDENT ENROLMENT INFORMATION – 20....

NOTE: Parents receiving a benefit from Centrelink and holding a current Health Care card or a current Pension card may be entitled to receive the Camps, Sports & Excursion Fund (\$125 for a primary school student: \$225 for a secondary school student). Information on eligibility and application forms are available from the school office.

**Upon enrolment of your child please provide 'Proof of Date of Birth'
and (for the primary school student only) the 'Immunisation Certificate'**

PERSONAL DETAILS OF STUDENT

Please 'SAVE AS' and email to lakes.south.morang.co@education.vic.gov.au

Student ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Family ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Surname:														Title: (Miss Ms Mr)
First Given Name:														
Second Given Name:														
Preferred Name:														
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> _____ (fill in blank)	Birth Date: (dd-mm-yyyy)	____/____/____									
Student Phone Number:														

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

ENROLMENT DETAILS

Enrolment Date:	<input type="text"/>	Campus:	<input type="text"/>
Year Level:	<input type="text"/>	Home Group:	<input type="text"/>
		House:	<input type="text"/>

FAMILY HOME ADDRESS:

No. & Street:			
Suburb:	State:	Post Code:	
Home Telephone Number:	Silent Number: (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email:			
SMS Messages from the school to you – Mobile Phone No.			

FAMILY MAILING ADDRESS:

WRITE "AS ABOVE" IF THE SAME AS FAMILY HOME ADDRESS

No. & Street or PO Box			
Suburb:	State:	Post Code:	

FAMILY DETAILS

List any other immediate family members living at the same address and attending this school:

FAMILY DETAILS

“NOTE: The ‘PRIMARY CARER’ is: ‘the family or parent the student predominately lives with’. In the event of a family separation where contact is still maintained please also complete the Alternative Family Details Form.”

ADULT A DETAILS (PRIMARY CARER):

❖Gender	<input type="checkbox"/> Male	<input type="checkbox"/> _____ (fill in blank)
	<input type="checkbox"/> Female	
Title: (Ms, Mrs, Mr, Dr etc)		
Legal Surname:		
Legal First Name:		
What is Adult A's occupation?		
Who is Adult A's employer?		
In which country was Adult A born?		
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):		
❖Does Adult A speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)		
<input type="checkbox"/> No, English only		
<input type="checkbox"/> Yes (please specify):		
Please indicate any additional languages spoken by Adult A:		
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		
❖What is the highest year of primary or secondary school Adult A has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)		
<input type="checkbox"/> Year 12 or equivalent		
<input type="checkbox"/> Year 11 or equivalent		
<input type="checkbox"/> Year 10 or equivalent		
<input type="checkbox"/> Year 9 or equivalent or below		
❖What is the level of the <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		
❖What is the occupation group of Adult A? Please select the appropriate parental occupation group from the attached list.		
<ul style="list-style-type: none"> If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. 		

ADULT B DETAILS:

❖Gender	<input type="checkbox"/> Male	<input type="checkbox"/> _____ (fill in blank)
	<input type="checkbox"/> Female	
Title: (Ms, Mrs, Mr, Dr etc)		
Legal Surname:		
Legal First Name:		
What is Adult B's occupation?		
Who is Adult B's employer?		
In which country was Adult B born?		
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):		
❖Does Adult B speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)		
<input type="checkbox"/> No, English only		
<input type="checkbox"/> Yes (please specify):		
Please indicate any additional languages spoken by Adult B:		
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		
❖What is the highest year of primary or secondary school Adult B has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)		
<input type="checkbox"/> Year 12 or equivalent		
<input type="checkbox"/> Year 11 or equivalent		
<input type="checkbox"/> Year 10 or equivalent		
<input type="checkbox"/> Year 9 or equivalent or below		
❖ What is the level of the <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		
❖What is the occupation group of Adult B? Please select the appropriate parental occupation group from the attached list.		
<ul style="list-style-type: none"> If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. 		

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

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

FAMILY CONTACT DETAILS

ADULT A CONTACT DETAILS:

Business Hours:

Mobile Telephone No:	
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:

Mobile Telephone No:	
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:	

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:	Post Code:	
Phone Number:			
Current Ambulance Subscription: (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medicare Number:	

FAMILY EMERGENCY CONTACTS OTHER THAN ADULTS A &/OR B:

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

OTHER 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

❖ 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) _____				
❖ 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)		Does the student speak English? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> No, English only		<input type="checkbox"/> Yes (please specify): _____		
❖ 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 # (Students who have been subject to protective intervention by the Department of Human Services and live in alternative care arrangements away from their parents)		
<input type="checkbox"/> At home with ONE Parent/ Guardian		<input type="checkbox"/> Homeless Youth		
<input type="checkbox"/> Independent				
Usual mode of transport to school: (tick)				
<input type="checkbox"/> Walking	<input type="checkbox"/> School Bus	<input type="checkbox"/> Train	<input type="checkbox"/> Driven	<input type="checkbox"/> Taxi
<input type="checkbox"/> Bicycle	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Tram	<input type="checkbox"/> Self Driven	<input type="checkbox"/> Other
If student drives themselves to school:		Car Rego: _____	Make: _____	Model: _____

❖ 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: _____	
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. Please specify: <input type="checkbox"/> Yes, but the VSN is unknown <input type="checkbox"/> NO. the student has never been issued a VSN. <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"/> from previous school	
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

CONDITIONAL ENROLMENT DETAILS

In some circumstances a child may be enrolled conditionally, particularly if the required enrolment documentation to determine the shared parental responsibility arrangements for a child is not provided. Please refer to Section 4.1.2.6 of the Victorian Government Schools Reference Guide for more information (<http://www.education.vic.gov.au/management/governance/referenceguide/default.htm>).

STUDENT AT RISK, ACCESS OR ACTIVITY RESTRICTIONS DETAILS

AT RISK

Is the student at risk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details of the Risk		

ACCESS

Is there an Access Alert for the student? (tick)	<input type="checkbox"/> Yes (If Yes, then complete the following questions)	<input type="checkbox"/> No (If No, move to the immunisation / medical condition details questions.)		
Copy of the Access Alert documents provided to the school	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Access Type: (tick)	<input type="checkbox"/> Court Order	<input type="checkbox"/> Family Law Order	<input type="checkbox"/> Restraining Order	<input type="checkbox"/> Other
Describe any Access Restriction:				

ACTIVITY

Is there an Activity Alert for the student? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, then describe the Activity Restriction:		

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

OTHER MEDICAL CONDITIONS

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

Does the student have any other medical condition? (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:			
Symptoms:			
If my child displays any of the symptoms above please: (tick)			
Inform Doctor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Inform Emergency Contact
Administer Medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other Medical Action
			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	

In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from 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: ____ / ____ / ____

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: ____ / ____ / ____

Please 'SAVE AS' and email to lakes.south.morang.co@education.vic.gov.au

OFFICE USE ONLY

Child's Name and Birth Date proof copied (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrolment Date:	
Immunisation Certificate Status? (tick)	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Not sighted	
Is there an 'At Risk' alert for the student? (tick)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> 'At risk' information Received	
Access Restrictions for the student? (tick)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Custody Documents Received	
Activity Alert for the student? (tick)	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Is there a Medical Alert for the student? (tick)	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Has a Transition Statement been provided (either by the Early Childhood Educator or parents)? (tick) <small>For prep students only</small>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Pending	
Form Accepted & Signatures checked	Name		Date	
Entered in CASES21	Name		Date	

PARENTAL OCCUPATION GROUP CODES

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

GROUP A Senior management in 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)



CAMPS, SPORTS EXCURSION FUND (CSEF)

YES **NO** Do you have a Current Health Care Card from Centrelink?

Please complete a CAMPS, SPORTS & EXCURSION FUND application form for your child/ children being enrolled at this school.

For student's previously enrolled in another Victorian School (government or private)

YES **NO** Have you applied for the **Camps, Sports & Excursion Fund (CSEF)** at your child's previous School? If YES, What is the name of the previous School?

YES **NO** Does your child's previous School's know that you are transferring to The Lakes South Morang College?

We will arrange to contact the above school to have the balance of CSEF payment transferred to our school on your behalf.

PUBLICATION OF STUDENT WORK AND PHOTOGRAPHS

I do / do not give consent for my child's schoolwork and / or photograph (with their first name only and home group) to be published in school publications including social media, newsletters and Inspire.

Name of student..... Year level

Name of parent (please print)

Signature of parent Date:



CONSENT TO CONDUCT HEAD LICE INSPECTIONS

PERMISSION TO COVER THE DURATION OF THE STUDENT'S
SCHOOLING AT THE LAKES SOUTH MORANG COLLEGE

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.



PERMISSION TO LEAVE SCHOOL GROUNDS

Throughout the educational program of our school, students will explore their local community. We will need to walk to sporting venues, council reserves and other facilities to engage students in authentic learning and therefore expose them to classrooms without walls, new experiences where we can ignite their passion for learning.

Students leaving the premises will always be accompanied by staff and will be supervised at all times.

I do / do not (please circle) give permission for my child to walk from school to local venues for the duration of their enrolment at The Lakes South Morang College.

I understand that in the event of illness whilst on the excursion, I authorise the Principal or teacher in charge of my child, where it is impracticable to communicate with me, to consent to emergency medical arrangements on my behalf.

CHILD'S NAME: **Year Level:**

EMERGENCY Telephone Numbers:

Mobile:

Work:

Home:

PARENT'S/GUARDIAN'S SIGNATURE: **DATE:**

To thrive, children need a safe and supportive environment at school, at home and in the broader community; no exceptions. At The Lakes South Morang College, we believe meeting the physical and emotional needs of our students is paramount in laying the foundations for a fulfilling future. We pledge to provide an environment that has zero tolerance to child abuse and will strive to work in partnership with our parents and community members to keep our students safe every day, in every way.

The Lakes South Morang College Child Safety Statement