



Meadow Heights Primary School No 5227

50-70 Paringa Boulevard, Meadow Heights 3048

Telephone: 9305 2033 Fax: 9305 2712 ABN: 60 902 858 133

www.meadowheightsps.vic.edu.au Email: meadow.heights.ps@edumail.vic.gov.au

ENROLMENT FORM 2018

Parents need to bring the following in order to complete the enrolment process: -

- Completed enrolment form
- An original birth certificate
- Immunisation Certificate - Visit Medicare and request a copy
- Transition reports from Kindergarten – for prep enrolments
- Most current school report – for other year level enrolments

PLEASE NOTE: We need all the above paperwork before we can arrange interview times for enrolment to Meadow Heights Primary School.

The Commonwealth Government requires all schools across Australia to collect the same information.

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: ____ / ____ / ____

OFFICE USE ONLY

STUDENT NAME:				
STUDENT ID:				
ENROLMENT DATE:				
DATE OF BIRTH:				
YEAR LEVEL:				
HOMEGROUP:				
SEX:	F		M	
PROOF OF BIRTH DATE:	YES		NO	
IMMUNISATION CERTIFICATE:	YES		NO	
MEDICAL ALERT:	YES		NO	
ASTHMA PLAN:	YES		NO	
CUSTODY RESTRICTIONS:	YES		NO	
PHOTO CONSENT:	YES		NO	
HEADLICE CONSENT:	YES		NO	
TRANSITION CONSENT:	YES		NO	
COMPUTER & INTERNET USE:	YES		NO	
HEALTH CARE/PENSION CARD:	YES		NO	

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 Meadow Heights Primary School, hereafter known as MHPS- can register your child and allocates staff and resources to provide for their educational and support needs. All staff at MHPS 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 MHPS 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. MHPS depends on you to provide all relevant health information because withholding some health information may put your child's health at risk.

MHPS 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 MHPS . 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 MHPS 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 MHPS 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.

Religious Affiliation

If you want your child to receive religious instruction while at MHPS please complete this section. The Department of Education & Training needs to know what type of religious instruction is sought so the Department can, where possible, provide appropriate religious instruction at MHPS

Immunisation status

This assists MHPS 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 MHPS to process your child's enrolment.

UPDATING YOUR CHILD'S RECORDS

Please let the school know if any information needs to be changed by sending updated information to the school office. During your child's time with MHPS 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 (Insert School Name) 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.

STUDENT ENROLMENT INFORMATION

Computer Generated Student ID:

STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

Legal Surname:			
Legal First Given Name:			
Legal Second Given Name:			
Preferred Name (if applicable):			
Birth Date: (dd-mm-yyyy)	____ / ____ / ____	Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>

SIBLING DETAILS

List any other siblings(brothers/sisters) attending this school:

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

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

PRIMARY FAMILY DETAILS

NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with" - Alternative and Additional family forms are available from the school if this is required.

ADULT A DETAILS (PRIMARY CARER):

Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Legal Surname:				
Legal First Name:				
Occupation:				
Employer:				
Country of birth:				
Language Spoken at home				
Is an interpreter required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Secondary Education Level				
(4)	<input type="checkbox"/> Year 12			
(3)	<input type="checkbox"/> Year 11			
(2)	<input type="checkbox"/> Year 10			
(1)	<input type="checkbox"/> Year 9 / Below			
Further Education or Not (University / TAFE)				
(7)	<input type="checkbox"/> Bachelor degree or above			
(6)	<input type="checkbox"/> Advanced diploma / Diploma			
(5)	<input type="checkbox"/> Certificate I to IV (including trade certificate)			
(8)	<input type="checkbox"/> No further qualification			
Occupation Group	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
Please select the appropriate parental occupation group from the attached list. (next page) <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 returned in the last 12 months, please use the last occupation to select from the list. If the person has not been in paid work for the last 12 months, enter N 				

ADULT B DETAILS:

Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Legal Surname:				
Legal First Name:				
Occupation:				
Employer:				
Country of birth:				
Language Spoken at home				
Is an interpreter required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Secondary Education Level				
(4)	<input type="checkbox"/> Year 12			
(3)	<input type="checkbox"/> Year 11			
(2)	<input type="checkbox"/> Year 10			
(1)	<input type="checkbox"/> Year 9 / Below			
Further Education or Not (University / TAFE)				
(7)	<input type="checkbox"/> Bachelor degree or above			
(6)	<input type="checkbox"/> Advanced diploma / Diploma			
(5)	<input type="checkbox"/> Certificate I to IV (including trade certificate)			
(8)	<input type="checkbox"/> No further qualification			
Occupation Group	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
Please select the appropriate parental occupation group from the attached list. (next page) <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 returned in the last 12 months, please use the last occupation to select from the list. If the person has not been in paid work for the last 12 months, enter N 				

Main language spoken at home:				
Preferred language of notices:				
Are you interested in being involved in school group participation activities? (eg. School Council, excursions)	<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 you at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you usually home during business hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Telephone No:	
Other Work Contact information:	

After Hours:

Are you usually home AFTER business hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone No:	
Mobile Phone Number:	
Your preferred method of contact: (tick one)	
<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone	
Email address:	
Fax Number:	

ADULT B CONTACT DETAILS:

Business Hours:

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

After Hours:

Are you usually home AFTER business hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone No:	
Mobile Phone Number:	
Adult B's preferred method of contact: (tick one)	
<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone	
Email address:	
Fax Number:	

PRIMARY FAMILY HOME ADDRESS:

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

PRIMARY FAMILY MAILING ADDRESS:

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

No. & Street			
Suburb:			
State:		Postcode:	

PRIMARY FAMILY DOCTOR DETAILS:

Doctor's Name			
No. & Street or Box No.:			
Suburb:			
State:		Postcode:	
Telephone Number		Fax Number	
Current Ambulance Subscription:	<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

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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ALTERNATE OR ADDITIONAL FAMILY DETAILS

Alternative and/or Additional family is defined as the family or carer by whom the student is regularly or occasionally cared for.

Sex (tick):	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Legal Surname:			
Legal First Name:			
Occupation:		Employer:	
Country of Birth:		Language Spoken at home:	
Interpreter Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	School Education:	
Relationship to Student:		Telephone Number:	

DEMOGRAPHIC DETAILS OF STUDENT

Country of Birth:			
Date of arrival / return to Australia:	____ / ____ / ____		
Residential Status of the student:	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
Basis of Australian Residency: (tick one)			
<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)			
Language Spoken at Home:			
Does the student speak English? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Indigenous Background:			
<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.

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

Student's Religion:	
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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:					
Years of previous education:		What was the language of the student's previous education?			
Years of interruption to education:		Is the student repeating a year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will the student be attending Meadow Heights PS full time?			<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
Meadow Heights PS:		Time fraction:	0.	Enrolled:	<input type="checkbox"/> Yes <input type="checkbox"/> No

STUDENT RESTRICTIONS DETAILS

ACCESS RESTRICTIONS

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

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?	<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?		<input type="checkbox"/> Preventative	<input type="checkbox"/> Response
Indicate the usual dosage of medication taken:		Indicate how frequently the medication is taken:	
Medication is usually administered by: (tick)		<input type="checkbox"/> Student	<input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other
Medication is stored: (tick)	<input type="checkbox"/> with Student	<input type="checkbox"/> with Nurse	<input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere
Dosage time		Reminder required?	<input type="checkbox"/> Yes <input type="checkbox"/> No Poison Rating

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 <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:		
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

SCHOOL ASTHMA ACTION PLAN



This record is to be completed by parents/carers in consultation with their child's doctor. Please circle the appropriate information and print your answers clearly in the blank spaces where indicated. The information on this Plan is confidential. All staff that care for your child will have access to this information. The school will only disclose this information to others after they have obtained your consent if it is to be used elsewhere. Please contact the school at any time if you need to update this Plan or you have any questions about the management of asthma at school. If no Asthma Action Plan is provided by the parent/carer, the staff will treat asthma symptoms as outlined in the policy 'Asthma Attacks: Treatment' as part of the 'School Policy and Advisory Guide' - Department of Education and Early Childhood Development.

STUDENT'S PERSONAL DETAILS

Student's Name _____ Gender M F

Date of Birth ___/___/___ Year/Class _____ Teacher _____

Ambulance Membership Yes No Membership No. _____

What other health management plans does this student have, if any? _____

Emergency Contact (e.g. Parent/Carer)

Name _____ Relationship _____

Ph: (H) _____ (W) _____ (M) _____

Doctor _____ Ph: _____



USUAL ASTHMA ACTION PLAN

Usual signs of student's asthma:

- Wheeze Tight Chest Cough Difficulty breathing Difficulty talking Other _____

Signs student's asthma is getting worse

- Wheeze Tight Chest Cough Difficulty breathing Difficulty talking Other _____

Student's Asthma Triggers

- Cold/flu Exercise Smoke Pollens Dust Other _____

Asthma Medication Requirements (Including relievers, preventers, symptom controllers, combination)

Name of Medication (e.g. Ventolin, Flixotide)	Method (e.g. puffer & spacer, turbuhaler)	When and how much? (e.g. 1 puff in morning and night, before exercise)

Does the student need assistance taking their medication? Yes No

If yes, how? _____

Managing Exercise Induced Asthma (EIA)

If exercise is a trigger for this student they should follow these steps to prepare for exercise:

1. Take their blue reliever or doctor recommended medication 5-10 minutes before warm up. Warm up appropriately before exercise or activity and always cool down following activity and be alert for asthma symptoms after exercise.

If a student gets EIA during exercise they should:

1. Stop the exercise or activity and commence asthma first aid as per the student's asthma action plan. If asthma symptoms persist, continue first aid. The student should not return to the activity and school staff should inform parents/carers of the incident.

ASTHMA FIRST AID PLAN

Please tick preferred Asthma First Aid Plan

As outlined in the 'School Policy and Advisory Guide', 'Treating an asthma attack':

- Step 1.** Sit the person upright
- Be calm and reassuring
 - Do not leave them alone
- Step 2.** Give medication
- Shake the blue reliever puffer
 - Use a spacer if you have one
 - Give 4 separate puffs into a spacer
 - **The person is to take 4 breaths from the spacer after each puff**
- *You may use a puffer alone if no spacer is available and you can use a Bricanyl Turbuhaler if you do not have access to a puffer and spacer
*Giving blue reliever medication to someone who doesn't have asthma is unlikely to harm them
- Step 3.** Wait 4 minutes
- If there is no improvement, repeat step 2
- Step 4** If there is still no improvement call emergency assistance (**DIAL 000**)
- Tell the operator the person is having an asthma attack
 - Keep giving 4 puffs, 4 breaths per puff, every 4 minutes while you wait for emergency assistance

Call emergency assistance immediately (DIAL 000) if the person's asthma suddenly becomes worse

OR

Student's Asthma First Aid Plan (if different from above)

- Please notify me if my child regularly has asthma symptoms at school.
- Please notify me if my child has received Asthma First Aid.
- In the event of an asthma attack, I agree to my son/daughter receiving the treatment described above.
- I authorise school staff to assist my child with taking asthma medication should they require help.
- I will notify you in writing if there are any changes to these instructions.
- I agree to pay all expenses incurred for any medical treatment deemed necessary.

Parent's/Guardian's Signature: _____

Date: ____/____/____

Doctor's Signature: _____

Date: ____/____/____

For further information about the 'School Policy and Advisory Guide', or asthma management, please contact **The Asthma Foundation of Victoria** on (03) 9326 7088, toll free 1800 645 130, or visit www.asthma.org.au

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TRANSITION STATEMENT PARENTAL CONSENT

Parent / Carer Name: _____

Child's Name: _____

I agree that;

Kindergarden: _____

Day Care Centre: _____

Primary School: _____

can share information about my child with Meadow Heights Primary School for their use in the interests of my child.

Signed _____ Date ____ / ____ / ____



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STUDENT IMAGE/PHOTO/VIDEO IN SCHOOL PUBLICATIONS

Due to privacy laws, we require parent's approval to use your child's image/photograph, taken in a school context for the purpose of promoting and celebrating events associated with Meadow Heights Primary School e.g.: School Publications such as school newsletters, our school website, App/Tiqbiz, classroom and/or community displays or the newspapers. Please indicate below whether you wish to provide permission for this to occur at Meadow Heights Primary School.

Name of Student: _____

Parent/Guardian please circle the consent and sign below

- As a parent/guardian of the above student, I give permission to Meadow Heights Primary School to use my child's image/video/film/photograph for school publications as specified above.

Please Tick :

YES

NO

Print Name of Parent/Guardian:

Parent/Guardian Signature:

Date: ____ / ____ / ____



Meadow Heights Primary School No 5227

50-70 Paringa Boulevard, Meadow Heights 3048

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CONSENT FORM—HEAD LICE INSPECTIONS

Throughout the year, the school will be arranging head lice inspections of students.

The management of head lice infestation 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 MHPS first Aid staff member.

The person conducting the inspections will physically search through each student's hair to see if any lice or eggs are present.

In cases where head lice are found, the person inspecting the student will inform the student's class teacher and the principal. The school will send a written notice home with the child and provide parents with comprehensive advice about the use of safe treatment practices which do not place children's health at risk.

Please note that the law requires that where a child has head lice, that child should not return to school until appropriate treatment has commenced.

Name of Student: _____

Parent/Guardian please tick and sign below

- As a parent/guardian of the above student, I give permission for my child to participate in the school's headlice inspection program.

Please Tick :

YES

Print Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date: ____ / ____ / ____



Code of Conduct for Computer and Internet Use Meadow Heights Primary School – Foundation/Prep & Grade 1

When using the School Computers or iPad's I will:

- Sit down in my chair safely and properly
- Be careful holding or using the computers or iPad's so not to break them or their parts
- Look after the iPad's, Computers and all their parts
- NOT drink or eat next to a computer or iPad
- Stay on the App or computer program my teacher has told me to go on
- Ask for my teachers help when I'm not sure of something.

I understand all of the rules about using the schools Computers and iPads.

If I break these rules I will not be allowed to use the iPads or Computers for as long as my teacher decides.

Student's name: _____ **Classroom:** _____

Student's Signature: _____ **Parent Signature:** _____

Date: _____



Code of Conduct for Computer and Internet Use Meadow Heights Primary School – Grade 2 to Grade 4

The computer network, laptops and all other technology at Meadow Heights Primary School have been provided for us to use as a tool in our classroom. We will be able to use the computers/iPad to get information from around the world to help us learn.

Care and Usage of the Equipment

- I will care and look after the computers and all their parts.
- I will not eat or drink near the computers.
- I will only use the computer when a teacher is in the room with me.

Work Habits

- I agree to follow all teacher instructions when using the computers.
- I will only read my own email.
- I will make sure that the emails I send out shows politeness and respect as a student of Meadow Heights Primary School.

Personal Safety

- I will use only my first name when communicating with other people.
- I will not give out mine or anyone else's address or phone number.
- I will tell my teacher if I find any information that makes me feel unsafe or uncomfortable.
- I will not meet anyone I have met "on-line" without my parents' permission.

Using Digital Technologies

- I communicate respectfully by thinking and checking that what I write or post is polite and respectful.
- I will work cooperatively and carefully on the Internet.
- I agree to follow teacher instructions regarding the use of the Internet.

Computer and Internet Use at Home

- I will use Digital Technologies respectfully by thinking and checking that what I write or post is polite and respectful.

Breaking any of the rules listed above will cause me (student) to not use the computers or Internet for a negotiated period of time as decided by the Principal (or nominee) after consultation with the classroom teacher. Parents will be contacted if the school becomes aware of inappropriate internet /social media use at home.

I _____ of classroom _____ have discussed the Code of Conduct for Computer and Internet Use at Meadow Heights Primary School 2017 with my parents and agree to follow all of the rules stated on it. I realise that if I break the Code of Conduct rules, I will not be allowed to use the computers for a negotiated period of time as mentioned above.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____



Code of Conduct for Computer and Internet Use Meadow Heights Primary School - Grade 5 and 6

The computer network, laptops and all other technology at Meadow Heights Primary School have been provided for us to use as a tool in our classroom. We will be able to use the computers/iPad to get information from around the world to help us learn.

Care and Usage of the Equipment

- I will care and look after the computers and all their parts.
- I will not eat or drink near the computers.
- I will only use the computer when a teacher is in the room.
- I will not copy, download or put my own software on the school computers because this may cause a virus.

Work Habits

- I agree to follow all the teachers' instructions when using the computers.
- When using the Internet, I will only search for information about my work.
- I will make sure that the emails I send out shows politeness and respect as a representative of Meadow Heights Primary School.
- I will not hand in other people's work as my own.

Personal Safety

- I will use only my first name when communicating with other people.
- I will not give out mine or anyone else's address or phone number.
- I will tell my teacher if I find any information that makes me feel unsafe or uncomfortable.
- I will not meet anyone I have met "on-line" without my parents' permission.

Using Digital Technologies

- I communicate respectfully by thinking and checking that what I write or post is polite and respectful.
- I agree to follow teacher instructions regarding the use of the Internet.
- My behaviour in class when using the Internet will be mature, responsible and courteous.
- I will work cooperatively and carefully on the Internet.
- When using the Internet, I will only access sites/information deemed appropriate by teachers.
- I will respect the privacy of teachers and fellow students by not giving out their personal details or reading their e-mail.
- I will remember that it is a privilege, not a right to be using the Internet.

Computer and Internet Use at Home

- I will use Digital Technologies respectfully by thinking and checking that what I write or post is polite and respectful.

Breaking any of the rules listed above will cause me (student) to not use the computers or Internet for a negotiated period of time as decided by the Principal (or nominee) after consultation with the classroom teacher. Parents will be contacted if the school becomes aware of inappropriate internet /social media use at home.

I _____ of classroom _____ have discussed the Code of Conduct for Computer and Internet Use at Meadow Heights Primary School 2017 with my parents and agree to follow all of the rules stated on it. I realise that if I break the Code of Conduct rules, I will not be allowed to use the computers for a negotiated period of time as mentioned above.

Student's Signature: _____

Date: _____

Parent's Signature: _____

Date: _____

CUSTODY POLICY

Rationale:

Our school is often confronted with issues relating to custody of students. While such issues are often emotionally charged, the school will manage custody related issues in accordance with the law and in a calm, caring and courteous manner. We expect all parents/care givers to behave in the way.

Aims:

- To develop and implement clear and responsible processes for managing custody related issues at a school level.
- To have clearly articulate the school's processes relating to the management of custody issues to parents.

Implementation:

- Parents or guardians are required to complete and sign accurate enrolment forms for children for whom they have custody.
- Enrolments must be accompanied by Birth Certificates or similar that prove a student's name and birth date, unless enrolling from another Victorian Public School.
- The school will only enrol a child under the name provided on a Birth Certificate or more recent legally recognised document.
- Any custody issues are to be declared, and supported by legal documentation – which will be photocopied and retained on the student's individual file.
- The principal will be responsible for ensuring that the school complies with all Family Court Orders or similar legal documents relating to custody.
- The school will assume a default position that both natural parents have equal access to enrolled students unless current court orders or legal documents dictate otherwise.
- Both natural parents will have access to school reports, newsletters, parent interviews, and their children at school unless court orders or similar legal documents dictate otherwise.
- Parents or guardians who claim custody restrictions but fail to provide documentation will not have their requests met until such time as supporting documentation is provided.
- People who have their access restricted to students, and whose presence at school or requests for information etc are in breach of court orders or similar legal documents will be directed immediately to the principal or his delegate
- The police will be contacted immediately if people refuse to comply with the principal's lawful instructions or to obey court orders or similar.
- Any breaches of custody restrictions will be reported by the principal to the parent who normally looks after the child.
- This policy will be given to all parents or care givers when enrolling students at Meadow Heights P.S. with custody issues.

Evaluation:

This policy is to be reviewed as part of the school's three-year review cycle.

This policy was last ratified by School Council in.... **Nov 2015**

CONSULTATION POLICY

Rationale:

- Effective decision making, staff morale and employee job satisfaction are enhanced when the views of all employees are taken into account before decisions that affect their working lives are made.

Aims:

- To establish workplace consultative arrangements that ensure the principal's responsibility to make school based decisions is carried out in a framework that enables all staff along with the AEU Sub Branch to have input into the decisions that affect their working life.
- To optimise opportunities for effective and informed decision-making.
- To enhance staff morale and employee job satisfaction.

Implementation:

- This policy is to be read in conjunction with the 'Victorian Government Schools Agreement 2008'.
- The principal has ultimate administrative and operational responsibility for decisions at the school level, after the following locally agreed formal consultative process has been carried out.
- A consultative committee will be established as part of the School Meeting Schedule.
- The committee will meet to discuss and make recommendations when undertaking any process of planning for improvement, including the development of workforce plans or the planning and organisation of the program of instruction in the school or the composition of selection and other panels and other work load issues arise.
- The committee will consist of the Principal, Assistant Principals, 2 AEU sub-branch representatives,(1 elected teacher representative, 1 elected ESC representative) and elected representatives of school teams.
- Term of office will be 12 months.
- The committee may agree to second further personnel with expertise should the topic for discussion warrant such input.
- AEU representatives will be elected by the AEU Sub Branch at least annually and be required to report back to regular Sub Branch Meetings that will be scheduled as part of the schools regular meeting cycle.
- The Committee will be known as the School Consultation Team (SCT)
- All committee representatives will be provided with sufficient time to discuss topics and canvass the views of the various groups they represent, so as to ensure that all staff have the choice and the opportunity to be involved in the consultation process.
- The committee will make recommendations to the principal, who will then make decisions and provide reasons for those decisions.
- The principal will ensure that the decisions made, plus the reasoning supporting each decision, will be publicised to all staff, where appropriate including the AEU Sub Branch.
- Employees who disagree with the principal's decisions may refer the matter to the Merit Protection Boards, or, where the AEU sub-branch does not agree with the principal's decision, the sub-branch may refer the matter to the union who may refer the matter for resolution.

This policy was last ratified by School Council in.... **Nov 2015**

STATEMENT OF VALUES

Meadow Heights Primary School recognises the importance of the partnership between schools and parents to support student learning, engagement and wellbeing. We share a commitment to, and a responsibility for, ensuring inclusive, safe and orderly environments for children and young people.

This Statement of Values sets out our behavioural expectations of all members in this school community, including the principal, all school staff, parents, students and visitors. It respects the diversity of individuals in our school community and addresses the shared responsibilities of all members in building safe and respectful school communities.

Discrimination, sexual and other forms of harassment, bullying, violence, aggression and threatening behaviour are unacceptable and will not be tolerated in this school.

Our Statement of Values acknowledges that parents and school staff are strongly motivated to do their best for every child. Everyone has the right to differing opinions and views and to raise concerns, as long as we do this respectfully as a community working together.

RESPONSIBILITIES

AS PRINCIPALS AND SCHOOL LEADERS, WE WILL:

- Work collaboratively to create a school environment where respectful and safe conduct is expected of everyone.
- Behave in a manner consistent with the standards of our profession and meet core responsibilities to provide inclusive, safe and orderly environments.
- Plan, implement and monitor arrangements to ensure the care, safety, security and general wellbeing of all students in attendance at the school is protected.
- Identify and support students who are or may be at risk.
- Do our best to ensure every child achieves their personal and learning potential.
- Work with parents to understand their child's needs and, where necessary, adapt the learning environment accordingly.
- Respond appropriately when inclusive, safe or orderly behaviour is not demonstrated and implement appropriate interventions and sanctions when required.
- Make known to parents the school's communication and complaints procedures.
- Ask any person who is acting in an offensive or disorderly way to leave the school grounds.

AS TEACHERS AND ALL NON-TEACHING STAFF, WE WILL:

- Model positive behaviour to students consistent with the standards of our profession.
- Proactively engage with parents about student outcomes.
- Work with parents to understand the needs of each student and, where necessary, adapt the learning environment accordingly.
- Work collaboratively with parents to improve learning and wellbeing outcomes for students with additional needs.
- Communicate with the principal and school leaders in the event we anticipate or face any tension or challenging behaviours from parents.
- Treat all members of the school community with respect.

AS PARENTS, WE WILL:

- Model positive behaviour to our child.
- Ensure our child attends school on time, every day the school is open for instruction.
- Take an interest in our child's school and learning.
- Work with the school to achieve the best outcomes for our child.
- Communicate constructively with the school and use expected processes and protocols when raising concerns.
- Support school staff to maintain a safe learning environment for all students.
- Follow the school's complaints processes if there are complaints.
- Treat all school leaders, staff, students, and other members of the school community with respect.

AS STUDENTS, WE WILL:

- Model positive behaviour to other students.
- Comply with and model school values.
- Behave in a safe and responsible manner.
- Respect ourselves, other members of the school community and the school environment.
- Actively participate in school.
- Not disrupt the learning of others and make the most of our educational opportunities.

AS COMMUNITY MEMBERS, WE WILL:

- Model positive behaviour to the school community.
- Treat other members of the school community with respect.
- Support school staff to maintain a safe and orderly learning environment for all students.
- Utilise the school's communications policy to communicate with the school.

THE DEPARTMENT OF EDUCATION AND TRAINING WILL:

- Provide support and advice to principals to equip them to manage and respond to challenging behaviour of students, parents and staff.
- Provide practical guidance and resources to support schools to manage and respond to challenging behaviour of students, parents and staff.
- Provide practical guidance and resources to support schools respond to and prevent bullying and promote cyber-safety and wellbeing.
- Provide access to evidence based resources and strategies to increase student safety, wellbeing and engagement.
- Provide schools with practical and legal support as required.
- Provide parents with practical guidance and resources to resolve conflicts with the school.

CONSEQUENCES FOR FAILING TO UPHOLD THE STATEMENT OF VALUES

UNREASONABLE BEHAVIOURS

Behaviours that are considered inappropriate on and adjacent to school grounds or in relation to school business and that do not uphold the principles of this Statement of Values include when a person:

- is rude, aggressive or harasses others
- sends rude, confronting or threatening letters, emails or text messages
- is manipulative or threatening
- speaks in an aggressive tone, either in person or over the telephone
- makes sexist, racist or derogatory comments
- inappropriately uses social media as a forum to raise concerns/make complaints against the school
- is physically intimidating, e.g. standing very close.

CONSEQUENCES

Principals are responsible for determining what constitutes reasonable and unreasonable behaviour.

Unreasonable behaviour and/or failure to uphold the principles of this Statement of Values may lead to further investigation and the implementation of appropriate consequences. This may include:

- utilising mediation and counselling services
- alternative communication strategies being applied
- formal notice preventing entry onto school premises or attendance at school activities. Written notice will follow any verbal notice given.
- an intervention order being sought
- informing the police which may result in a charge of trespass or assault

By agreeing to meet specified standards of positive behaviour, everyone in our school community can be assured that they will be treated with fairness and respect. In turn, this will help to create a school that is safe and orderly, where everyone is empowered to participate and learn.