MEADOW HEIGHTS PRIMARY SCHOOL
ENROLMENTS 2015

Meadow Heights Primary School has commenced the Prep Enrolment process for 2015. Parents who wish to enrol their child at Meadow Heights Primary School should visit the school to obtain the necessary enrolment forms to complete. Once the form has been completed please telephone the school on 9305 2033 during office hours (9.30 – 3.20) to make an appointment.

Parents need to bring the following in order to complete the enrolment process: -
1) An original birth certificate
2) School Entry Immunisation Certificate
   If you do not have this certificate, you can either:
   (a) phone 1800 653 809 OR
   (b) Visit Medicare and request a copy
3) Medicare Card
4) Doctor’s Name, Address and Phone Number
5) 2 Emergency Contacts (other than parents)

PLEASE NOTE: If you do not have all of the above, we will not be able to enrol your child.

PREP TRANSITION
To ensure a smooth transition it is recommended that: -
1) Parents and child attend an Interview. An appointment time is made when you enrol your child.
2) Children attend Orientation Sessions to become familiar with the school (late term 4). Parents will be notified of these dates.
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 – 20__

STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

Legal Surname: ________________________________ Title: (Miss Ms Mr)

Legal First Given Name: ________________________

Legal Second Given Name: ______________________

Preferred Name (if applicable): ____________________

Sex (tick): □ Male □ Female Birth Date: (dd-mm-yyyy) _______ / _______ / _______

FAMILY DETAILS

List any other family members attending this school:

OFFICE USE ONLY

Birth Date proof sighted (tick) □ Yes □ No Enrolment Date: ________________________

Year Level ________________________ Home Group ________________________ House ________________________ EMA ________________________

Immunisation Certificate Status?: (tick) □ Complete □ Incomplete □ Not sighted

Is there a Medical Alert for the student: (tick) □ Yes □ No

Does the student have a Disability ID Number: (tick) □ No □ Yes Disability ID No.: ________________________

✓ This question is asked as a requirement of the Commonwealth Government. All schools across Australia are required 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: ______ / _____ / ______
**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.

As the School Start Bonus will be sent to the ‘Primary Carer’ of Prep and Year 7 students, it is imperative that the legal surname, legal first name and legal second name are recorded.

**ADULT A DETAILS (PRIMARY CARER):**

<table>
<thead>
<tr>
<th>Field</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex (tick):</td>
<td>□ Male □ Female</td>
</tr>
<tr>
<td>Title: (Ms, Mrs, Mr, Dr etc)</td>
<td></td>
</tr>
<tr>
<td>Legal Surname:</td>
<td></td>
</tr>
<tr>
<td>Legal First Name:</td>
<td></td>
</tr>
<tr>
<td>What is Adult A’s occupation?</td>
<td></td>
</tr>
<tr>
<td>Who is Adult A’s employer?</td>
<td></td>
</tr>
<tr>
<td>In which country was Adult A born?</td>
<td>□ Australia □ Other (please specify):</td>
</tr>
<tr>
<td>♦ 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)</td>
<td>□ No, English only □ Yes (please specify):</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Is an interpreter required? (tick)</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>♦ What is the highest year of primary or secondary school Adult A has completed? (tick one) <em>(For persons who have never attended school, mark ‘Year 9 or equivalent or below’)</em></td>
<td>□ Year 12 or equivalent (4) □ Year 11 or equivalent (3) □ Year 10 or equivalent (2) □ Year 9 or equivalent or below (1)</td>
</tr>
<tr>
<td>♦ What is the level of the highest qualification the Adult A has completed? (tick one)</td>
<td>□ Bachelor degree or above (7) □ Advanced diploma / Diploma (6) □ Certificate I to IV (including trade certificate) (5) □ No non-school qualification (8)</td>
</tr>
<tr>
<td>♦ What is the occupation group of Adult A? Please select the appropriate parental occupation group from the attached list.</td>
<td>• 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 paid work for the last 12 months, enter ‘N’.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Field</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>♦ These questions are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information</td>
<td></td>
</tr>
</tbody>
</table>

**ADULT B DETAILS:**

<table>
<thead>
<tr>
<th>Field</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex (tick):</td>
<td>□ Male □ Female</td>
</tr>
<tr>
<td>Title: (Ms, Mrs, Mr, Dr etc)</td>
<td></td>
</tr>
<tr>
<td>Legal Surname:</td>
<td></td>
</tr>
<tr>
<td>Legal First Name:</td>
<td></td>
</tr>
<tr>
<td>What is Adult B’s occupation?</td>
<td></td>
</tr>
<tr>
<td>Who is Adult B’s employer?</td>
<td></td>
</tr>
<tr>
<td>In which country was Adult B born?</td>
<td>□ Australia □ Other (please specify):</td>
</tr>
<tr>
<td>♦ 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)</td>
<td>□ No, English only □ Yes (please specify):</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Is an interpreter required? (tick)</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>♦ What is the highest year of primary or secondary school Adult B has completed? (tick one) <em>(For persons who have never attended school, mark ‘Year 9 or equivalent or below’)</em></td>
<td>□ Year 12 or equivalent □ Year 11 or equivalent □ Year 10 or equivalent □ Year 9 or equivalent or below</td>
</tr>
<tr>
<td>♦ What is the level of the highest qualification the Adult B has completed? (tick one)</td>
<td>□ Bachelor degree or above □ Advanced diploma / Diploma □ Certificate I to IV (including trade certificate) □ No non-school qualification</td>
</tr>
</tbody>
</table>

**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) □ Adult A □ Adult B □ Both □ Neither
# PRIMARY FAMILY CONTACT DETAILS

## ADULT A CONTACT DETAILS:

### Business Hours:

- **Can we contact Adult A at work?**
  - [ ] Yes
  - [ ] No

- **Is Adult A usually home during business hours?**
  - [ ] Yes
  - [ ] No

**Work Telephone No:**

**Other Work Contact information:**

### After Hours:

- **Is Adult A usually home AFTER business hours?**
  - [ ] Yes
  - [ ] No

**Home Telephone No:**

**Other After Hours Contact Information:**

- **Adult A’s preferred method of contact:** (tick one)
  - [ ] Mail
  - [ ] Email
  - [ ] Facsimile

**Email address:**

**Fax Number:**

## ADULT B CONTACT DETAILS:

### Business Hours:

- **Can we contact Adult B at work?**
  - [ ] Yes
  - [ ] No

- **Is Adult B usually home during business hours?**
  - [ ] Yes
  - [ ] No

**Work Telephone No:**

**Other Work Contact information:**

### After Hours:

- **Is Adult B usually home AFTER business hours?**
  - [ ] Yes
  - [ ] No

**Home Telephone No:**

**Other After Hours Contact Information:**

- **Adult B’s preferred method of contact:** (tick one)
  - [ ] Mail
  - [ ] Email
  - [ ] Facsimile

**Email address:**

**Fax Number:**

## PRIMARY FAMILY HOME ADDRESS:

- **No. & Street:** or Box details
- **Suburb:**
- **State:**
- **Postcode:**

**Telephone Number**

**Silent Number:** (tick)

- [ ] Yes
- [ ] No

**Mobile Number:**

**Fax Number:**

## PRIMARY FAMILY DOCTOR DETAILS:

- **Doctor’s Name**
- **Individual or Group Practice:** (tick)
  - [ ] Individual
  - [ ] Group

- **No. & Street or Box No.:**
- **Suburb:**
- **State:**
- **Postcode:**

**Telephone Number**

**Fax Number**

**Current Ambulance Subscription:** (tick)

- [ ] Yes
- [ ] No

**Medicare Number:**
### PRIMARY FAMILY EMERGENCY CONTACTS:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Telephone Contact</th>
<th>Language Spoken</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Neighbour, Relative, Friend or Other)</td>
<td></td>
<td>(If English Write &quot;E&quot;)</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PRIMARY FAMILY MAILING ADDRESS:
Write “As Above” if the same as Family Home Address

<table>
<thead>
<tr>
<th>No. &amp; Street</th>
<th>Suburb</th>
<th>State</th>
<th>Postcode</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### OTHER PRIMARY FAMILY DETAILS

- **Relationship of Adult A to Student:** (tick one)
  - □ Parent
  - □ Foster Parent
  - □ Friend
  - □ Step-Parent
  - □ Host Family
  - □ Self
  - □ Adoptive Parent
  - □ Relative
  - □ Other

- **Relationship of Adult B to Student:** (tick one)
  - □ Parent
  - □ Foster Parent
  - □ Friend
  - □ Step-Parent
  - □ Host Family
  - □ Self
  - □ Adoptive Parent
  - □ Relative
  - □ Other

- **The student lives with the Primary Family:** (tick one)
  - □ Always
  - □ Mostly
  - □ Balanced
  - □ Occasionally
  - □ Never

- **Send Correspondence addressed to:** (tick one)
  - □ Adult A
  - □ Adult B
  - □ Both Adults
  - □ Neither

**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 Education Maintenance Allowance. Information on eligibility and application forms are available from the school office.
## Demographic Details of Student

**In which country was the student born?**

- [ ] Australia
- [ ] 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)

- [ ] Permanent
- [ ] Temporary

**Basis of Australian Residency:**

- [ ] Eligible for Australian Passport
- [ ] Holds Australian Passport
- [ ] Holds Permanent Residency Visa

**Visa Sub Class:**

**Visa Expiry Date:** (dd-mm-yyyy) ______ / ______ / ______

**Visa Statistical Code:** *(Required for some sub-classes)*

**International Student ID** *(Not required for exchange students)*

**Does the student speak a language other than English at home?** *(tick)*

- [ ] No, English only
- [ ] Yes (please specify): ______________________________________

**Does the student speak English?** *(tick)*

- [ ] Yes
- [ ] No

**Is the student of Aboriginal or Torres Strait Islander origin?** *(tick one)*

- [ ] No
- [ ] Yes, Aboriginal
- [ ] Yes, Torres Strait Islander
- [ ] Yes, Both Aboriginal & Torres Strait Islander

**What is the student’s living arrangements?** *(tick one):*

- [ ] At home with TWO Parents/ Guardians
- [ ] At home with ONE Parent/ Guardian
- [ ] State Arranged Out of Home Care # *(See Note)*
- [ ] Homeless Youth
- [ ] 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.

**Beginning of journey to school:**

**Map Type**

- [ ] Melway
- [ ] VicRoads
- [ ] Country Fire Authority
- [ ] Other

**Usual mode of transport to school:** *(tick)*

- [ ] Walking
- [ ] School Bus
- [ ] Train
- [ ] Driven
- [ ] Taxi

**Student’s Religion:**

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

<table>
<thead>
<tr>
<th>Date of first enrolment in an Australian School:</th>
<th>_____ / _____ / ______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of previous School:</td>
<td></td>
</tr>
<tr>
<td>Years of previous education:</td>
<td></td>
</tr>
<tr>
<td>What was the language of the student’s previous education?</td>
<td></td>
</tr>
<tr>
<td>Years of interruption to education:</td>
<td></td>
</tr>
<tr>
<td>Is the student repeating a year? (tick)</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Will the student be attending this school full time? (tick)</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>If No, what will be the time fraction that the student will be attending this school? (i.e: 0.8 = 4 days/week)</td>
<td></td>
</tr>
<tr>
<td>Other school Name:</td>
<td></td>
</tr>
<tr>
<td>Time fraction:</td>
<td>0.</td>
</tr>
<tr>
<td>Enrolled:</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

### Student Restrictions Details

#### Access Restrictions

<table>
<thead>
<tr>
<th>Is the student at risk?</th>
<th>□ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there an Access Alert for the student? (tick)</td>
<td>□ Yes (If Yes, then complete the following questions) □ No (If No, move to the immunisation / medical condition details questions.)</td>
</tr>
<tr>
<td>Access Type: (tick)</td>
<td>□ Court Order □ Family Law Order □ Restraining Order □ Other</td>
</tr>
<tr>
<td>Describe any Access Restriction:</td>
<td></td>
</tr>
<tr>
<td>Is there an Activity Alert for the student? (tick)</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>If Yes, then describe the Activity Restriction:</td>
<td></td>
</tr>
</tbody>
</table>

### Student Medical Details

#### Medical Condition Details:

<table>
<thead>
<tr>
<th>Does the student suffer from any of the following impairments? (tick)</th>
<th>Hearing: □ Yes □ No</th>
<th>Vision □ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Speech: □ Yes □ No</td>
<td>Mobility: □ Yes □ No</td>
</tr>
<tr>
<td>Does the student suffer from Asthma? (tick) If No, please go to the Other Medical Conditions section</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
</tbody>
</table>

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

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

Signature of Parent/Guardian: __________________________________ Date: _____ / _____ / ______
## Student Medical Details

### Medical Condition Details:

<table>
<thead>
<tr>
<th>Does the student suffer from any of the following impairments? (tick)</th>
<th>Hearing: □ Yes □ No</th>
<th>Vision □ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the student suffer from Asthma? (tick) If No, please go to the Other Medical Conditions section</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
</tbody>
</table>

### Asthma Medical Condition Details:

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

<table>
<thead>
<tr>
<th>Please indicate if the student suffers from any of the following symptoms: (tick)</th>
<th>If my child displays any of these symptoms please: (tick)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Cough</td>
<td>Inform Doctor □ Yes □ No</td>
</tr>
<tr>
<td>□ Difficulty Breathing</td>
<td>Inform Emergency Contact □ Yes □ No</td>
</tr>
<tr>
<td>□ Wheeze</td>
<td>Administer Medication □ Yes □ No</td>
</tr>
<tr>
<td>□ Exhibits symptoms after exertion</td>
<td>Other Medical Action □ Yes □ No</td>
</tr>
<tr>
<td>□ Tight Chest</td>
<td>If yes, please specify:</td>
</tr>
</tbody>
</table>

Has an Asthma Management Plan been provided to School? □ Yes □ No

<table>
<thead>
<tr>
<th>Does the student take medication? (tick) □ Yes □ No</th>
<th>Name of medication taken:</th>
</tr>
</thead>
</table>

Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick) □ Preventative □ Response

<table>
<thead>
<tr>
<th>Indicate the usual dosage of medication taken:</th>
<th>Indicate how frequently the medication is taken:</th>
</tr>
</thead>
</table>

Medication is usually administered by: (tick) □ Student □ Nurse □ Teacher □ Other

Medication is stored: (tick) □ with Student □ with Nurse □ Fridge in Staff Room □ Elsewhere

Dosage time Reminder required? (tick) □ Yes □ No Poison Rating

### Other Medical Conditions

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

<table>
<thead>
<tr>
<th>Does the student have any other medical condition? (tick) □ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, please specify:</td>
</tr>
</tbody>
</table>

Symptoms:

<table>
<thead>
<tr>
<th>If my child displays any of the symptoms above please: (tick)</th>
</tr>
</thead>
</table>

Inform Doctor □ Yes □ No Inform Emergency Contact □ Yes □ No

Administer Medication □ Yes □ No Other Medical Action □ Yes □ No

If yes, please specify: |

<table>
<thead>
<tr>
<th>Does the student take medication? (tick) □ Yes □ No</th>
<th>Name of medication taken:</th>
</tr>
</thead>
</table>

Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick) □ Preventative □ Response

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Medication is usually administered by: (tick) □ Student □ Nurse □ Teacher □ Other

Medication is stored: (tick) □ with Student □ with Nurse □ Fridge in Staff Room □ Elsewhere

Dosage time Reminder required? (tick) □ Yes □ 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: ___________

PHOTO

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)

<table>
<thead>
<tr>
<th>Name of Medication (e.g. Ventolin, Flixotide)</th>
<th>Method (e.g. puffer &amp; spacer, turbuhaler)</th>
<th>When and how much? (e.g. 1 puff in morning and night, before exercise)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

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ASTHMA FIRST AID PLAN

Please tick preferred Asthma First Aid Plan
☐ As outlined in the ‘School Policy and Advisory Guide’, ‘Treating an asthma attack’:

<table>
<thead>
<tr>
<th>Step 1.</th>
<th>Sit the person upright</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Be calm and reassuring</td>
</tr>
<tr>
<td></td>
<td>- Do not leave them alone</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 2.</th>
<th>Give medication</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Shake the blue reliever puffer</td>
</tr>
<tr>
<td></td>
<td>- Use a spacer if you have one</td>
</tr>
<tr>
<td></td>
<td>- Give 4 separate puffs into a spacer</td>
</tr>
<tr>
<td></td>
<td>- The person is to take 4 breaths from the spacer after each puff</td>
</tr>
<tr>
<td></td>
<td>*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</td>
</tr>
<tr>
<td></td>
<td>*Giving blue reliever medication to someone who doesn’t have asthma is unlikely to harm them</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 3.</th>
<th>Wait 4 minutes</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>- If there is no improvement, repeat step 2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 4</th>
<th>If there is still no improvement call emergency assistance (DIAL 000)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Tell the operator the person is having an asthma attack</td>
</tr>
<tr>
<td></td>
<td>- Keep giving 4 puffs, 4 breaths per puff, every 4 minutes while you wait for emergency assistance</td>
</tr>
</tbody>
</table>

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 646 130, or visit www.asthma.org.au

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PARENTAL CONSENT

I .................................................................,

being the parent/guardian of ..............................................................

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

Signed................................................................. Date.................................
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 and our school website, classroom and/or community displays or the newspapers. Please indicate below whether you wish to provide permission for this to occur during your child’s period of enrolment 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 to use my child’s image/video/film/photograph for school publications as specified above for the duration of my child’s attendance at the school.

Please Tick : YES   NO

Print Name of Parent/Guardian: ________________________________________________

Parent/Guardian Signature: _________________________________________________

Date: ____ / ____ / 2014

Meadow Heights Primary School
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
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 (insert category of person(s) conducting screening, e.g. local council appointed nurse; parent volunteers trained by the local council).

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 (insert other(s) if required). 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.

Parent’s/Guardian’s Full Name: ……………………………………………………………

Address: ………………………………………………………… Postcode: ……………

Name(s) of Child/Children attending the school: Year Level:

…………………………………………  ………

…………………………………………  ………

…………………………………………  ………

…………………………………………  ………

I hereby give my consent for the above-named children to participate in the school’s head lice inspection program for the remainder of this year.

Signature of Parent/Guardian ……………………………………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:

- 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:

- 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
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 breeches 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....  
Feb 2014