



# Meadow Heights Primary School No 5227

46-62 Paringa Boulevard, Meadow Heights 3048

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

[www.meadowheightsps.vic.edu.au](http://www.meadowheightsps.vic.edu.au) Email: [meadow.heights.ps@edumail.vic.gov.au](mailto:meadow.heights.ps@edumail.vic.gov.au)

## ENROLMENT FORM 20\_\_ \_\_

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

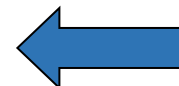
- Completed enrolment form
- An original birth certificate
- Immunisation Certificate - Visit Medicare and request a copy
- Transition reports from Kindergarten – for prep enrolments
- Most current school report – for other year level enrolments

**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

<b>STUDENT NAME:</b>						
<b>STUDENT ID:</b>						
<b>ENROLMENT DATE:</b>						
<b>DATE OF BIRTH:</b>						
<b>YEAR LEVEL:</b>						
<b>HOMEGROUP:</b>						
<b>VSN:</b>						
<b>SEX:</b>	F		M		N/A	NOTES
<b>PROOF OF BIRTH DATE:</b>	YES		NO			
<b>IMMUNISATION CERTIFICATE:</b>	YES		NO			
<b>MEDICAL ALERT:</b>	YES		NO			
<b>ANAPHYLAXIS/ASTHMA PLAN:</b>	YES		NO			
<b>CUSTODY RESTRICTIONS:</b>	YES		NO			
<b>GENERAL PHOTO CONSENT:</b>	YES		NO			
<b>SCHOOL PHOTO CONSENT:</b>	YES		NO			
<b>HEADLICE CONSENT:</b>	YES		NO			
<b>TRANSITION CONSENT:</b>	YES		NO			
<b>COMPUTER &amp; INTERNET USE:</b>	YES		NO			
<b>HEALTH CARE/PENSION CARD:</b>	YES		NO			
<b>VISA:</b>	YES		S.CLASS			
<b>PREVIOUS SCHOOL/KINDA:</b>	YES		NO			
<b>OLDER/YOUNGER SIBLINGS:</b>	YES		NO			
<b>PSD:</b>	YES		NO			
<b>HOME LANGUAGE:</b>						

## **SCHOOL POLICIES**

For details of the following policies, please refer to the Meadow Heights website: [www.meadowheightsps.vic.edu.au](http://www.meadowheightsps.vic.edu.au)

**Administration of Medication Policy**

**Anaphylaxis Policy**

**Asthma Policy**

**Attendance Policy**

**Bullying Prevention Policy**

**Camps And Excursions Policy**

**CCTV Policy**

**Child Safe Standards:**

- **Child Safety and Wellbeing Policy**
- **Child Safety Code of Conduct Policy**
- **Child Safety Responding and Reporting Policy and Procedures Policy**
- **Child Safety Risk Register Policy**

**Complaints Policy**

**Digital Learning (Internet, Social Media and Digital Devices) Policy**

**Duty of Care Policy**

**DET Enrolment Policy**

**First Aid Policy**

**Health Care Needs Policy**

**Inclusion And Diversity Policy**

**Mobile phones Policy**

**Parent Payments Policy**

**Photographing, Filming and Recording Students Policy**

**Privacy Policy**

**Statement of Values And School Philosophy Policy**

**Students Dress code Policy**

**Student Wellbeing And Engagement Policy**

**Visitors Policy**

**Volunteers Policy**

**Yard Duty And Supervision Policy**

# STUDENT ENROLMENT INFORMATION

Computer Generated Student ID: \_\_\_\_\_

## STUDENT DETAILS

### PERSONAL DETAILS OF STUDENT

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

### SIBLING DETAILS

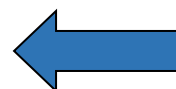
<b>List any other siblings(brothers/sisters) attending this school:</b>

### Younger siblings at home

Name	Date of Birth	Gender

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

<b>Sex (tick):</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
<b>Surname:</b>				
<b>First Name:</b>				
<b>Occupation:</b>				
<b>Employer:</b>				
<b>Country of birth:</b>				
<b>Language Spoken at home</b>				
<b>Is an interpreter required?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>Secondary Education Level</b>				
(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			
<b>Further Education or Not (University / TAFE)</b>				
(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			
<b>Occupation Group</b>	<b>A</b> <input type="checkbox"/>	<b>B</b> <input type="checkbox"/>	<b>C</b> <input type="checkbox"/>	<b>D</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/>
<b>Please select the appropriate parental occupation group from the attached list. (next page)</b> <ul style="list-style-type: none"> <li>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.</li> <li>If the person has not been in paid work for the last 12 months, enter N</li> </ul>				

### ADULT B

<b>Sex (tick):</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
<b>Surname:</b>				
<b>First Name:</b>				
<b>Occupation:</b>				
<b>Employer:</b>				
<b>Country of birth:</b>				
<b>Language Spoken at home</b>				
<b>Is an interpreter required?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>Secondary Education Level</b>				
(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			
<b>Further Education or Not (University / TAFE)</b>				
(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			
<b>Occupation Group</b>	<b>A</b> <input type="checkbox"/>	<b>B</b> <input type="checkbox"/>	<b>C</b> <input type="checkbox"/>	<b>D</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/>
<b>Please select the appropriate parental occupation group from the attached list. (next page)</b> <ul style="list-style-type: none"> <li>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.</li> <li>If the person has not been in paid work for the last 12 months, enter N</li> </ul>				

<b>Main language spoken at home:</b>				
<b>Preferred language of notices:</b>				
<b>Are you interested in being involved in school group participation activities? (eg. School Council, excursions)</b>	<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

#### 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
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

#### 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
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:

<b>Doctor's Name</b>			
<b>No. &amp; Street or Box No.:</b>			
<b>Suburb:</b>			
<b>State:</b>		<b>Postcode:</b>	
<b>Telephone Number</b>		<b>Fax Number</b>	
<b>Current Ambulance Subscription:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Medicare Number:</b>	

## PRIMARY FAMILY EMERGENCY CONTACTS:

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

## OTHER PRIMARY FAMILY DETAILS

<b>Relationship of Adult A to Student:</b> (tick one)	<input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Friend	<input type="checkbox"/> Step-Parent <input type="checkbox"/> Host Family <input type="checkbox"/> Self	<input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Relative <input type="checkbox"/> Other
<b>Relationship of Adult B to Student:</b> (tick one)	<input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Friend	<input type="checkbox"/> Step-Parent <input type="checkbox"/> Host Family <input type="checkbox"/> Self	<input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Relative <input type="checkbox"/> Other

<b>The student lives with the Primary Family:</b> (tick one)				
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never

<b>Send Correspondence addressed to:</b> (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.

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

## DEMOGRAPHIC DETAILS OF STUDENT

<b>Country of Birth:</b>			
<b>Date of arrival / return to Australia:</b>	____ / ____ / ____		
<b>Residential Status of the student:</b>	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	
<b>Basis of Australian Residency: (tick one)</b>			
<input type="checkbox"/> Eligible for Australian Passport		<input type="checkbox"/> Holds Australian Passport	
<input type="checkbox"/> Holds Permanent Residency Visa			
<b>Visa Sub Class:</b>		<b>Visa Expiry Date:</b> (dd-mm-yyyy)	____ / ____ / ____
<b>Visa Statistical Code:</b> (Required for some sub-classes)			
<b>Students Previous Visa:</b>			
<b>Visa Applied For:</b>			
<b>Immicard No:</b>			
<b>International Student ID</b> (Not required for exchange students)			
<b>Language Spoken at Home:</b>			
<b>Does the student speak English?</b> (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Indigenous Background:</b>			
<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	
<b>What is the student's living arrangements?</b> (tick one):			
<input type="checkbox"/> At home with TWO Parents/ Guardians		<input type="checkbox"/> Student Lives with each Parent/Carer at Different Times	
<input type="checkbox"/> At home with ONE Parent/ Guardian		<input type="checkbox"/> State Arranged Out of Home Care # (See Note)	
<input type="checkbox"/> Informal Care Arrangement		<b>CRIS ID NO:</b>	

# 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.

<b>Usual mode of transport to school:</b> (tick)				
<input type="checkbox"/> Walking	<input type="checkbox"/> Public Transport	<input type="checkbox"/> Carer	<input type="checkbox"/> Driven	<input type="checkbox"/> Taxi / Uber

<b>Student's Religion:</b>	
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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.

## PREVIOUS EDUCATION OF STUDENT

<b>Is the student attending Kindergarten:</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Name of Kindergarten or Early Childhood Service:</b>					
<b>Date of first enrolment in an Australian School:</b>		____ / ____ / ____			
<b>Has the student previously been enrolled at another school?</b>		<input type="checkbox"/> Yes, in Victoria – Government School <input type="checkbox"/> Yes, in Victoria – Private School <input type="checkbox"/> Yes, Interstate <input type="checkbox"/> Yes, Overseas			
<b>Name and location of previous school:</b>					
<b>VSN</b>					
<b>Years of previous education:</b>		<b>What was the language of the student's previous education?</b>			
<b>Years of interruption to education:</b>		<b>Is the student repeating a year?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Will the student be attending Meadow Heights PS full time?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If <b>No</b> , what will be the time fraction that the student will be attending this school? (i.e: 0.8 = 4 days/week)					
<b>Other school Name:</b>		<b>Time fraction:</b>	0.	<b>Enrolled:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Meadow Heights PS:</b>		<b>Time fraction:</b>	0.	<b>Enrolled:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## STUDENT SAFETY, ACCESS, RESTRICTIONS AND SPECIAL CIRCUMSTANCES

<b>Is the student at risk?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Risk Information:</b>	
<b>Is there an Access Alert for the student? (tick)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Access Type: (tick)</b>	<input type="checkbox"/> Parenting Plan/Agreement <input type="checkbox"/> DHHS/DFFH Authorisation <input type="checkbox"/> Intervention Order <input type="checkbox"/> Informal Carer Stat Dec <input type="checkbox"/> Child Protection Order <input type="checkbox"/> Other
<b>Describe any Access Restriction:</b>	
<b>Other Activity Restrictions: (eg) Sport</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes, then describe the Activity Restriction:</b>	

# STUDENT MEDICAL DETAILS

## ASTHMA

Does the student have asthma?	<input type="checkbox"/> Yes		<input type="checkbox"/> No <i>(move to next section)</i>	
Has a current Asthma Management Plan been provided to School? If No, please provide an Asthma Management Plan to the 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:	<input type="checkbox"/> Student	<input type="checkbox"/> Adult	<input type="checkbox"/> Other: _____	
Medication is to be stored:	<input type="checkbox"/> with Student	<input type="checkbox"/> with Staff	<input type="checkbox"/> Other: _____	
Dosage time:		Reminder required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## MEDICAL CONDITIONS

Does the student have an allergy? If yes, please provide the school with an <a href="#">ASCIA Action Plan for Allergies</a> .		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Is the student at risk of anaphylaxis? If yes, please provide the school with an <a href="#">ASCIA Action Plan for Anaphylaxis</a> .		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Does the student have any other medical condition or other relevant medical assessment that the school needs to know about? If Yes, please ask the school for the appropriate medical advice form, to be completed by the treating medical practitioner and returned to school.					<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes to <u>any of the above</u> , please specify:					
Symptoms:					
If the student displays any of the symptoms above, please:					
Inform emergency contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Other medical action	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Administer medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
If Yes, please specify					

## MEDICATION

<b>Does the student take medication?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is the medication required during school hours? If Yes, please ask the school for a Medication Authority Form, to be completed by the treating medical practitioner and returned to school</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name of medications taken:</b>	

## HEALTH SUPPORT

<b>Does the student suffer from any of the following impairments?</b>	<i>Hearing:</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<i>Speech / Language:</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<i>Vision:</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<i>Physical:</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<i>Cognitive / Learning:</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<i>Social / Emotional:</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify): _____

<b>Has the student previously accessed support from an allied health professional?</b>	<i>Occupational therapy:</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<i>Speech pathology:</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<i>Physiotherapy:</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<i>Exercise physiology:</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<i>Behaviour support:</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<i>Other:</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify): _____

## STUDENT MEDICAL DETAILS

The Department of Education and Victorian Government Schools require the health information requested in this section to plan for and support the health and wellbeing needs of students.

If there is a situation or incident which requires first aid to be administered to your child, school staff will administer first aid that is reasonably necessary and appropriate to their level of training. School staff will also seek emergency medical attention for your child if it is considered reasonably necessary. Any costs associated with student injury rest with parents/carers unless the Department of Education is liable in negligence (liability is not automatic). In the event that your child needs medical attention, school staff will contact you as soon as practically possible.

### Authorisation to administer medication in accordance with this form:

Name of parent/carer: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **STUDENT PHOTO / VIDEO 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 XUNO, 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.

**Parent/Guardian please tick a box 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**

☐

- As a parent/guardian of the above student, I give permission to Meadow Heights Primary School to include my child/children in the Yearly School Class Photos and School Year Book.

**Please Tick**

**YES**

☐

**NO**

☐

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## **HEAD LICE INSPECTION**

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

**Please Tick**

**YES**

☐

**NO**

☐

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## **TRANSITION STATEMENT PARENTAL CONSENT**

- As a parent/guardian of the above student, I give permission for;

Kindergarten: \_\_\_\_\_

Day Care Centre: \_\_\_\_\_

Primary School: \_\_\_\_\_

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

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

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

