



# 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: -

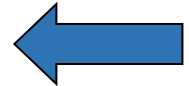
- Completed enrolment form
- An original birth certificate
- Immunisation Certificate - Visit Medicare and request a copy
- Transition reports from Kindergarten – for prep enrolments
- Most current school report – for other year level enrolments

**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>HEMIGROUP:</b>					
<b>VSN:</b>					
<b>SEX:</b>	<b>F</b>		<b>M</b>	<b>N/A</b>	<b>NOTES</b>
<b>PROOF OF BIRTH DATE:</b>	YES		NO		
<b>IMMUNISATION CERTIFICATE:</b>	YES		NO		
<b>MEDICAL ALERT:</b>	YES		NO		
<b>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		<b>S.CLASS</b>		
<b>KINDA:</b>	YES		NO		
<b>YOUNGER SIBLINGS:</b>	YES		NO		
<b>PSD:</b>	YES		NO		
<b>CRIS ID:</b>	YES		NO		

# 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 DETAILS (PRIMARY CARER):

<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 DETAILS:

<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 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
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
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 <small>(Neighbour, Relative, Friend or Other)</small>	Telephone Contact	Language Spoken <small>(If English Write "E")</small>
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"/> 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
<b>Relationship of Adult B to Student:</b> (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

<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>Immicard Number</b>			
<b>Original Visa Code Entry to Australia</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"/> Homeless Youth <input type="checkbox"/> At home with ONE Parent/ Guardian <input type="checkbox"/> Statutory/Court ordered Out of Home Care # (See Note)			
<input type="checkbox"/> Independent	<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"/> School Bus	<input type="checkbox"/> Train	<input type="checkbox"/> Driven	<input type="checkbox"/> Taxi

<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.

## SCHOOL DETAILS

Date of first enrolment in an Australian School:		____ / ____ / ____			
Name of previous School:					
VSN					
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 <b>No</b> , 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:		

## SCHOOL POLICIES

### STATEMENT OF VALUES:

<https://www.meadowheightsps.vic.edu.au/page/212/School-Statement-of-Values>

### PRIVACY POLICY

<https://www.meadowheightsps.vic.edu.au/page/238/School>

### COMPLAINTS POLICY

<https://www.meadowheightsps.vic.edu.au/page/256/Complaints-Policy>





## STUDENT HEALTH SUPPORT PLAN

This plan outlines how the school will support the student's health care needs, based on health advice received from the student's medical/health practitioner. This form must be completed for each student with an identified health care need (not including those with Anaphylaxis as this is done via an Individual Anaphylaxis Management Plan – see

[www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx](http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx)

**This Plan is to be completed by the principal or nominee in collaboration with the parent/carer and student.**

School: <b>Meadow Heights Primary School</b>	Phone: <b>03 9305 2033</b>				
Student's name:	Date of birth:				
Year level:	Home group:				
<b>Parent/carer contact information (1)</b>		<b>Parent/carer contact information (2)</b>		<b>Other emergency contacts (if parent/carer not available)</b>	
Name:	Name:	Name:			
Surname:	Surname:	Surname:			
Relationship:	Relationship:	Relationship:			
Mobile:	Mobile:	Mobile:			
Address:	Address:	Address:			

<input type="checkbox"/> General Medical Advice Form - for a student with a health condition <input type="checkbox"/> School Asthma Action Plan <input type="checkbox"/> School Anaphylaxis Plan <input type="checkbox"/> Condition Specific Medical Advice Form – Cystic Fibrosis <input type="checkbox"/> Condition Specific Medical Advice Form – Acquired Brain Injury <input type="checkbox"/> Condition Specific Medical Advice Form – Cancer <input type="checkbox"/> Condition Specific Medical Advice Form – Diabetes	<input type="checkbox"/> Condition Specific Medical Advice Form – Epilepsy <input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for transfers and positioning <input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for oral eating and drinking <input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for toileting, hygiene and menstrual health management <input type="checkbox"/> Other Medical Condition: _____ _____
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<b>Does the student suffer from any of the following impairments?</b>	<i>Hearing:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Vision</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<i>Speech:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Mobility:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>List who will receive copies of this <i>Student Health Support Plan</i>:</b>		
<b>1. Student's Family</b>	<b>2. Teacher/Office Staff</b>	<b>3. First Aid Nurse</b>

The following ***Student Health Support Plan*** has been developed with my knowledge and input

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

Name of principal (or nominee): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy Statement**

The school collects personal information so as the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly or FOI Unit on 96372670.



# MEDICATION AUTHORITY FORM

## For students requiring medication to be administered at school

This form should, ideally, be signed by the student's medical/health practitioner for all medication to be administered at school but schools may proceed on the signed authority of parents in the absence of a signature from a medical practitioner.

**Please note: wherever possible, medication should be scheduled outside school hours, eg medication required three times daily is generally not required during a school day – it can be taken before and after school and before bed.**

### Medication delivered to the school

Please indicate if there are any specific storage instructions for any medication:

### Medication delivered to the school

Please ensure that medication delivered to the school:

- Is in its original package
- The pharmacy label matches the information included in this form

### Supervision required

Students in the early years will generally need supervision of their medication and other aspects of health care management. In line with their age and stage of development and capabilities, older students can take responsibility for their own health care. Self-management should be agreed to by the student and their parents/carers, the school and the student's medical/health practitioner. **Please describe what supervision or assistance is required by the student when taking medication at school (e.g. remind, observe, assist or administer):**

### Monitoring effects of medication

Please note: School staff **do not** monitor the effects of medication and will seek emergency medical assistance if concerned about a student's behaviour following medication.

### Medication to be administered at school:

Name of Medication	Dosage (amount)	Time/s to be taken	How is it to be taken? (eg oral/topical/injection)	Dates to be administered	Supervision required
				Start: / / End: / / <b>OR</b> <input type="checkbox"/> Ongoing medication	<input type="checkbox"/> No student self-managing <input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer

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

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

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

NAME OF STUDENT: \_\_\_\_\_

**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   YES                           

- 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

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;

Kindergarden: \_\_\_\_\_

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** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

