



KOO WEE RUP
Primary School

ENROLMENT PACK

Koo Wee Rup PS strives to engage learning and expand minds, essential for preparing our students for the future. The Koo Wee Rup Primary School motto of 'Together We Learn' communicates our vision that learning is ongoing and a lifelong experience for students, teachers, parents and the wider community.

Our school culture is based on mutual respect, valuing the rights of others and establishing a sense of belonging. Our children take responsibility for their own learning and set goals to achieve them.

Our buildings are newly established with flexible learning spaces where students actively participate in learning experiences targeted at their point of need.

Koo Wee Rup PS is committed to providing a caring, stimulating and engaging learning environment that fosters respect, responsibility and resilience. We will support and encourage students to achieve their personal best both academically and socially.

Life and relationships at our school can be characterized by:

Learning: forever questioning and curious, learning together

Respect: valuing the rights of others, a sense of belonging and commitment

Responsibility: high expectations of self and others, shared vision to achieve success

Resilience: building personal wellbeing and strength

Our school provides a nurturing environment where safety and wellbeing are high priorities and where relationships are valued. We have a whole school approach to 'Behaviour Management' based on the promotion of respectful relationships between students, teachers and our parent community, reinforcing our school values.

Community events are successful in engaging our students by providing opportunities for students to work and celebrate with parents, families and friends. Such events include Children's Week, Numeracy Night, a Mother's Day and Father's Day picnic.

Our 'Student Voice' Team consists of 2 School Captains, 2 School Vice Captains, House Captains and elected representatives from each year level who actively contribute to many aspects of our school.

Our 'Footsteps Into Foundation' program has been established for new Foundation enrolments. The program involves nine planned transition sessions as well as parent information sessions. As Principal of Koo Wee Rup PS, I invite you to visit our welcoming and friendly school and see for yourself the high quality teaching and learning programs on offer for all students.

Ben Zimmerle
Principal



Uniforms By Design

1/311 Rossiter Road, Koo Wee Rup

Trading Hours:

Tuesday 8am-12noon
 Thursday 12:30-4pm
 Friday 12:30-4pm
 Saturday 9am-12noon

Uniforms by Design ~ 1st Nov '18

WINDCHEATER	FROM SIZE 4	\$27
BOMBER JACKET	FROM SIZE 4	\$37
SPRAY JACKET	FROM SIZE 4	\$35
NAVY or WHITE S/S POLO	FROM SIZE 4	\$24
NAVY or WHITE L/S POLO	FROM SIZE 4	\$25
WHITE SKIVIES	FORM SIZE 4	\$15
RUGBY KNIT SHORTS	FROM SIZE 4	\$18
SKORTS	FROM SIZE 4	\$20
GIRLS BOOTLEG PANTS	FROM SIZE 4	\$24
DRESS	FROM SIZE 4	\$38
TUNIC	FROM SIZE 4	\$45
TRACK PANTS	FROM SIZE 4	\$20
BOYS SHORTS	FROM SIZE 4	\$19
BOYS PANTS	FROM SIZE 4	\$24
ART SMOCK	FROM SIZE 4	\$17
SCARF / BEANIE		\$9
SLOUCH HAT WITH LOGO		\$14
BACK PACK		FROM \$25
ANKLE SOCKS	WHITE/NAVY	\$4



TheirCare
where kids love to be!

Amazing Before + After School Care Programs

Koo Wee Rup Primary School



About the program

TheirCare provides a stimulating and safe environment for all children and an environment where children come and enjoy their time in their program. During sessions children develop life skills, friendships, confidence and creativity through play.

Koo Wee Rup Primary School has partnered with **TheirCare** to provide quality care, flexibility and commitment to deliver on our promise to your school community. We would like to welcome you to a Parent Information Session on **December 5, 2019** at **6pm** so we can answer all your questions.





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Operation Times		Fees*	Out of Pocket	Average^
Before School Care	6:30am – 8:45am	\$20.00	\$3.00 - \$20.00	\$3.20
After School Care	3:15pm - 6:00pm	\$24.50	\$3.68 - \$24.50	\$3.92
Pupil Free Day	6:30am – 6:00pm	\$60.00	\$9.00 - \$60.00	\$9.60
Late Booking Cancellation Fee	Within 48 hours	\$5.00	\$5.00	
Cancellation Fee	Same Day	Full Fee	See BSC/ASC	

Service Phone Number: 0437 713 566 Your service coordinator will be available during session times. TheirCare support is available during office hours if required on 1300 072 410

How to Enrol

Visit **TheirCare** website: www.theircare.com.au and click on 'Book Now' in the top right hand corner to register your child's details.

*Standard fees excluding incursion / excursion costs

^Based on ABS published average family income for the suburb the school is located

The School Bus Program (SBP) is an extensive school bus network that provides travel at no cost to eligible government and non-government students living in rural and regional Victoria. The school bus network is administered by Public Transport Victoria (PTV) and carries over 73,000 students each school day on approximately 1500 school bus routes at a cost of \$201 million per annum. Application forms are available at the front office.

Eligible students must be of school age, must attend closest appropriate school to home and reside 4.8kms or more from the school.

Ineligible students and the general public are required to pay a fare dependent on distance from \$113 up to \$497 per student per term

Please contact the office on 5997 1272 if you have any questions.



BYOD Notebook Computer Program at Koo Wee Rup Primary

Technology continues to play a greater role in our daily lives and our students' education. As we prepare our students for their future learning and opportunities beyond, we have introduced a Managed BYOD notebook computer program within our Senior School (Years 5 and 6).

The decision to introduce a notebook program into our school is not one that has been made lightly, with much consideration around the financial implications to families. We strongly believe that the learning benefits for our students are well worth the implementation of this program. The specific program we are introducing links directly with Koo Wee Rup Secondary College, allowing for a smooth transition for students and their families when they move from Year 6 to Year 7.

Edunet are and will continue to be our preferred partner for providing notebooks for our students. There have been a number of parents ask if they can purchase devices through other stores. The answer unfortunately to this question is no. There are a number of reasons why we do not allow for devices to be purchased elsewhere. They include:

- Edunet have many years of experience in managing such programs and providing quality products and services at extremely competitive prices.
- The warrantee and insurance options provide excellent piece of mind. The hands on support and quick turnaround with maintenance and insurance claims with Edunet are excellent, and is not something you will not get with the bigger retail chains.
- By purchasing through Edunet, your device also comes with all of the necessary programs required for your student to engage in the planned learning here at school.
- With limited tech support hours within the school, it would be impossible for our computer tech to maintain and prepare the devices if there were a wide range of devices being used.

Parent Information Sessions are held on an annual basis (late term 3/early term 4) to answer any questions parents may have around the program and we particularly encourage parents entering our Senior School in the upcoming year to attend this session.

Please don't hesitate to contact me at the school if you would like to discuss the program further.

KOO WEE RUP PS

BEN ZIMMERLE
PRINCIPAL

STUDENT ENROLMENT INFORMATION – 2021	Computer Generated Student ID:	
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STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

Surname:	Title: (Miss Ms Mr)
First Given Name:	
Second Given Name:	
Preferred Name (if applicable):	
❖ Sex (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date: (dd-mm-yyyy)
Student Mobile Number:	

PRIMARY FAMILY HOME ADDRESS:

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

OFFICE USE ONLY

Child's Name and Birth Date proof sighted (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrolment Date:			
Year Level	Home Group	Timetabling Group	House	Campus			
Student Email Address:							
Immunisation Certificate received?: (tick)		<input type="checkbox"/> Complete		<input type="checkbox"/> Not sighted			
Is there a Medical Alert for the student? (tick)		<input type="checkbox"/> Yes		<input type="checkbox"/> No			
Does the student have a Disability ID Number? (tick)		<input type="checkbox"/> No		<input type="checkbox"/> Yes		Disability ID No.:	
Has a Transition Statement been provided (either by the Early Childhood Educator or parents)? (tick) <small>For prep students only</small>		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Pending	

FAMILY DETAILS

List any other family members attending this school:

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

PRIMARY FAMILY DETAILS

NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with". Additional and Alternative family forms are available from the school if this is required. These additional forms are designed to cater for varying family circumstances.

ADULT A DETAILS (PRIMARY CARER):

Sex (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female
Title: (Ms, Mrs, Mr, Dr etc)
Legal Surname:
Legal First Name:
What is Adult A's occupation?
Who is Adult A's employer?
In which country was Adult A born? <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): (1101)
❖ Does Adult A speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick) <input type="checkbox"/> No, English only (N) <input type="checkbox"/> Yes (please specify): (Y) Please indicate any additional languages spoken by Adult A:
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
❖ What is the highest year of primary or secondary school Adult A has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.) <input type="checkbox"/> Year 12 or equivalent (4) <input type="checkbox"/> Year 11 or equivalent (3) <input type="checkbox"/> Year 10 or equivalent (2) <input type="checkbox"/> Year 9 or equivalent or below (1)
❖ What is the level of the highest qualification the Adult A has completed? (tick one) <input type="checkbox"/> Bachelor degree or above (7) <input type="checkbox"/> Advanced diploma / Diploma (6) <input type="checkbox"/> Certificate I to IV (including trade certificate) (5) <input type="checkbox"/> No non-school qualification (8)
❖ What is the occupation group of Adult A? Please select the appropriate parental occupation group from the attached list. <ul style="list-style-type: none"> If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. <input type="checkbox"/>

ADULT B DETAILS:

Sex (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female
Title: (Ms, Mrs, Mr, Dr etc)
Legal Surname:
Legal First Name:
What is Adult B's occupation?
Who is Adult B's employer?
In which country was Adult B born? <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): 1101
❖ Does Adult B speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick) <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify): Please indicate any additional languages spoken by Adult B:
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
❖ What is the highest year of primary or secondary school Adult B has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.) <input type="checkbox"/> Year 12 or equivalent (4) <input type="checkbox"/> Year 11 or equivalent (3) <input type="checkbox"/> Year 10 or equivalent (2) <input type="checkbox"/> Year 9 or equivalent or below (1)
❖ What is the level of the highest qualification the Adult B has completed? (tick one) <input type="checkbox"/> Bachelor degree or above (7) <input type="checkbox"/> Advanced diploma / Diploma (6) <input type="checkbox"/> Certificate I to IV (including trade certificate) (5) <input type="checkbox"/> No non-school qualification (8)
❖ What is the occupation group of Adult B? Please select the appropriate parental occupation group from the attached list. <ul style="list-style-type: none"> If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. <input type="checkbox"/>

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

Main language spoken at home:	Preferred language of notices:
Are you interested in being involved in school group participation activities? (eg. School Council, excursions) (tick)	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both <input type="checkbox"/> Neither

PRIMARY FAMILY CONTACT DETAILS

ADULT A CONTACT DETAILS:

Business Hours:

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

After Hours:

Is Adult A usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		
Mobile No:		
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult A's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)		
<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Phone
<input type="checkbox"/> Facsimile		
Email address:		
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fax Number:		

ADULT B CONTACT DETAILS:

Business Hours:

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

After Hours:

Is Adult B usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		
Mobile No:		
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult B's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)		
<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Phone
<input type="checkbox"/> Facsimile		
Email address:		
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fax Number:		

PRIMARY FAMILY MAILING ADDRESS:

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

No. & Street or PO Box			
Suburb:			
State:		Postcode:	

PRIMARY FAMILY DOCTOR DETAILS:

Doctor's Name		Individual or Group Practice: (tick) <input type="checkbox"/> Individual <input type="checkbox"/> Group	
No. & Street or PO Box No.:			
Suburb:			
State:		Postcode:	
Telephone Number		Fax Number	
Current Ambulance Subscription: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		Medicare Number:	

PRIMARY FAMILY EMERGENCY CONTACTS:

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

PRIMARY FAMILY BILLING ADDRESS:

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

No. & Street or PO Box	
Suburb:	
State:	Postcode:

OTHER PRIMARY FAMILY DETAILS

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

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

Send Correspondence addressed to: (tick one)	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both Adults	<input type="checkbox"/> Neither
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DEMOGRAPHIC DETAILS OF STUDENT

❖ In which country was the student born?	
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify): _____
Date of arrival in Australia OR Date of return to Australia: (dd-mm-yyyy) ____ / ____ / ____	
What is the Residential Status of the student? (tick) <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
Basis of Australian Residency:	
<input type="checkbox"/> Eligible for Australian Passport	<input type="checkbox"/> Holds Australian Passport
<input type="checkbox"/> Holds Permanent Residency Visa	
Visa Sub Class:	Visa Expiry Date: (dd-mm-yyyy) ____ / ____ / ____
Visa Statistical Code: (Required for some sub-classes)	
International Student ID : (Not required for exchange students)	
❖ Does the student speak a language other than English at home? (tick) (If more than one language is spoken at home, indicate the one that is spoken most often)	
<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes (please specify): _____
Does the student speak English? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
❖ Is the student of Aboriginal or Torres Strait Islander origin? (tick one)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal
<input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander
What is the student's living arrangements? (tick one):	
<input type="checkbox"/> At home with TWO Parents/ Guardians (B)	<input type="checkbox"/> State Arranged Out of Home Care # (See Note) (A)
<input type="checkbox"/> At home with ONE Parent/ Guardian (O)	<input type="checkbox"/> Homeless Youth (H)
<input type="checkbox"/> Independent (I)	

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.

Note: Special Schools – please go to section “Travel Details for Special Schools” to enter transport details.

Beginning of journey to school:	Map Type	Melway / VicRoads / Country Fire Authority / Other		
Map Number	X Reference	Y Reference		
Usual mode of transport to school: (tick)				
<input type="checkbox"/> Walking	<input type="checkbox"/> School Bus	<input type="checkbox"/> Train	<input type="checkbox"/> Driven	<input type="checkbox"/> Taxi
<input type="checkbox"/> Bicycle	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Tram	<input type="checkbox"/> Self Driven	<input type="checkbox"/> Other
If student drives themselves to school:	Car Reg. No.		Distance to School in kilometres:	

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

Date of first enrolment in an Australian School: _____ / _____ / _____	
Name of previous School:	
Years of previous education:	What was the language of the student's previous education?
Does the student have a Victorian Student Number (VSN)?	
<input type="checkbox"/> Yes. <input type="checkbox"/> Yes, but the VSN is unknown <input type="checkbox"/> No. The student has never been issued a VSN.	
Please specify:	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Years of interruption to education:	Is the student repeating a year? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the student be attending this school full time? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, what will be the time fraction that the student will be attending this school? (i.e: 0.8 = 4 days/week)	
Other school Name:	Time fraction: 0. Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other school Name:	Time fraction: 0. Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No

CONDITIONAL ENROLMENT DETAILS

In some circumstances a child may be enrolled conditionally, particularly if the required enrolment documentation to determine the shared parental responsibility arrangements for a child is not provided. Please refer to the School Policy & Advisory Guide's Admission page for more information

(<http://www.education.vic.gov.au/school/principals/spag/participation/Pages/admission.aspx>).

Enrolment conditions
<ul style="list-style-type: none"> • •

OFFICE USE ONLY

Has the documentation been provided and retained on school records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have the conditions been met to complete the enrolment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

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 and present a current copy of the document to the school.)	<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:				
OFFICE USE ONLY				
Current custody document placed on student file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

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:

Does the student suffer from any of the following impairments? (tick)	Hearing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vision	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Speech:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mobility:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student suffer from Asthma? (tick) If No, please go to the Other Medical Conditions section					<input type="checkbox"/> Yes	<input type="checkbox"/> No

ASTHMA MEDICAL CONDITION DETAILS:

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

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

OTHER MEDICAL CONDITIONS

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

Does the student have any other medical condition? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify:	
Symptoms:	
If my child displays any of the symptoms above please: (tick)	
Inform Doctor <input type="checkbox"/> Yes <input type="checkbox"/> No Administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No	Inform Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No Other Medical Action <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:
Does the student take medication? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of medication taken:	
Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick) <input type="checkbox"/> Preventative <input type="checkbox"/> Response	
Indicate the usual dosage of medication taken:	
Indicate how frequently the medication is taken:	
Medication is usually administered by: (tick) <input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other	
Medication is stored: (tick) <input type="checkbox"/> with Student <input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere	
Dosage time	
Reminder required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Poison Rating	

STUDENT DOCTOR DETAILS

The following details should **only** be provided if **this** student has a Doctor and/or Medicare number different to the Primary Family.

Doctor's Name:	
Individual or Group Practice: (tick)	<input type="checkbox"/> Individual <input type="checkbox"/> Group
No. & Street or PO Box No.:	
Suburb:	
State:	Postcode:
Telephone Number	Fax Number
Student Medicare Number:	

STUDENT EMERGENCY CONTACTS

This section should **ONLY** be filled out if **THIS** student has emergency contacts other than the Prime Family Emergency Contacts.

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

SCHOOL SPECIFIC CONSENTS

WALKING OR BUS TRAVEL FOR LOCAL EXCURSIONS

While attending Koo Wee Rup PS, I consent to my child taking part in short walks or bus travel, within a reasonable vicinity of the school. I understand that my child will be supervised by an adult at all times.

- Yes, I give consent. No, I do not give consent

PHOTOGRAPHS / FACEBOOK

While attending Koo Wee Rup PS, I consent to my child being photographed in class as part of the normal everyday program/sporting/events/special activities and/or for student work and achievements used for local press, the schools newsletter or Facebook page.

- Yes, I give consent. No, I do not give consent

FIRST AID

While attending Koo Wee Rup PS, I consent to my child being given a Bandaid.

- Yes, I give consent. No, I do not give consent

VIEWING MEDIA

Students will view media designated suitable for educational purposes and rated G or PG.

- Yes, I agree No, I do not agree

CONSENT FORM TO CONDUCT HEAD LICE INSPECTIONS

Throughout your child's schooling, the school may be arranging head lice inspections of students.

The management of head lice infection works best when all children are involved in our screening program.

The school is aware that this can be a sensitive issue and is committed to maintaining student confidentiality and avoiding stigmatisation.

The inspections of students will be conducted by a trained person approved by the principal and school council.

Before any inspections are conducted the person conducting the inspections will explain to all students what is being done and why and it will be emphasised to students that the presence of head lice in their hair does not mean that their hair is less clean or well kept than anyone else's. It will also be pointed out that head lice can be itchy and annoying and if you know you have got them, you can do something about it.

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

Visual inspections may also be held. Person's authorised by the school principal may also visually check your child's hair for the presence of head lice, when it is suspected that head lice may be present. They do not physically touch the child's head during a visual check. In cases where head lice are found, the person inspecting the student will inform the student's teacher and the principal. The school will make appropriate contact with the parents/guardians/carers.

Please note that health regulations requires that where a child has head lice, that child should not return to school until appropriate treatment has commenced. The school may request the completion of an 'action taken form', which requires parents/guardians/carers to nominate if and when the treatment has started.

Please tick below

I hereby give my consent for the above named child to participate in the school's head lice inspection program for the duration of their schooling at this school.

I DO NOT give my consent for the above named child to participate in the school's head lice inspection program for the duration of their schooling at this school.

Please inform the school if guardianship/custody changes for your child, as this form will need to be re-signed to reflect these changes. Please also inform the school in writing if you no longer wish to provide consent for the school to undertake head lice inspections for your child.

Digital Technologies

Acceptable Use Agreement

Cybersafety is an important issue for young children. By the time children arrive at school many are already online or using digital technologies. They visit their favourite websites, play games and use social media or apps such as ABCkids or Club Penguin.

PART A: SCHOOL PROFILE STATEMENT

Koo Wee Rup Primary School recognises the need for students to be safe and responsible users of digital technologies. We believe that explicitly teaching students about safe and responsible online behaviours is essential, and is best taught in partnership with parents/guardians. We request that parents/guardians work with us and encourage this behaviour at home.

Digital technologies includes the use of computers, communication devices, the school network, the Internet, digital/video cameras, scanners, data storage/transfer devices, and iPads.

At Koo Wee Rup Primary School we:

- support the rights of all members of the school community to engage in and promote a safe, inclusive and supportive learning environment
- have a Student Engagement Policy that clearly states our school's values and the expected standards of student behaviour, including actions and consequences for inappropriate behaviour
- educate our students to be safe and responsible users of digital technologies
- raise our students' awareness of issues such as online privacy and intellectual property including copyright
- supervise students when using digital technologies for educational purposes
- provide a filtered internet service but acknowledge that full protection from inappropriate content can never be guaranteed
- respond to issues or incidents that have the potential to impact on the wellbeing of our students
- know that some online activities are illegal and as such we are required to report this to the police
- support parents/guardians to understand the importance of safe and responsible use of digital technologies, the potential issues that surround their use and strategies that they can implement at home to support their child
- provide parents/guardians with a copy of this agreement.

The following page highlights the expectations of the students at Koo Wee Rup Primary School in regards to their safe and responsible use of digital technologies.

Please read the rules carefully with your son/daughter and sign and return the declaration to the office or your classroom teacher. Please retain Part A and the top half of Part B for your future reference. By not signing this agreement, your child will not be able to log onto the school network or use digital technologies for publishing their work, for research or for any other purposes.

If you have any concerns about this agreement, please contact the Principal on (03) 59971272. For further support with online issues students can call Kids Helpline on 1800 55 1800. Parents/guardians call Parentline 132289 or visit <http://www.cybersmart.gov.au>

Part B: Student/Parent/Guardian Declaration

The rules we follow at KooWeeRup Primary School when we use digital technologies are:

General Use

1. I will not eat or drink near digital technologies.
2. When I am using digital technologies I will use my time effectively and do the task I am meant to be doing.
3. I will work co-operatively when I am using digital technologies.
4. I will take care of the schools' hardware and software.
5. I will start and shut-down the computers correctly.
6. I will not use the school's equipment for anything which is against the law, or which would inconvenience other people; for example: - Printing more copies than I need; - Downloading large files which slow down the network; - Changing the settings on computers or other equipment
7. I will log off the computer when I have finished my work.
8. I will keep my password/s to myself, and not seek the password of others.
9. I will only work on my own work and store it in my folder/file or on my own removable storage media, such as CD's, USB keys or Hard Drives.
10. I will allow teacher/s to check the contents of my removable storage media when they ask.

11. I am aware that viruses can be spread between computers through email and using removable storage media that have not been checked by virus scanning software and I will check with my teacher before using a removable storage media on a school computer.
12. Only teachers are to use the photocopiers. If I need to print work, my teacher will collect it for me when it's convenient for them.

Internet Use

13. I will only access web sites that are relevant to the information I need.
14. If I see or hear anything on a web site that I am unhappy with, I will click the Home button and tell my teacher immediately.
15. When I use email, forum boards or supervised chat rooms, the messages I send will be polite and sensible.
16. I will not give out any personal information about myself or others unless I have permission from a teacher, e.g. name, address, phone number, parent names, etc.
17. If I receive any messages that I do not like I will tell a teacher immediately.
18. I know that the school may check my computer files, storage devices and may monitor the Internet sites I visit.
19. I will not copy others people's work into my work, and call it my own without acknowledging external content. This includes pictures and information I find on the Internet and CD-ROM's.

As a responsible user at Koo Wee Rup Primary School I will follow the above rules.

If I break any of these rules, then I may be unable to use digital technologies at KooWeeRup Primary School. I will need to re-negotiate how I use digital technologies at school.

Student Name and/or Signature

Date:

I/We have read the Acceptable Use Agreement and understand that this document is not a legally binding document. By signing this agreement, I/we will endeavor to support the school in making sure my child is a safe and responsible user of digital technologies.

Parent/Guardian Signature:

Date:

Thank you for taking the time to complete this Student Enrolment form. We understand that the information you have provided is confidential and will be treated as such, but the details are required to enable staff to properly enrol your child at our school. A copy of our Privacy Policy can be viewed on our website, www.kooweerupps.vic.edu.au.

Please note: It is a Department of Education requirement that proof of birthdate (eg. In the form of your child's Birth Certificate) and a current Immunisation Certificate is provided with these enrolment forms

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

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:

- *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)