Dear Parents

Thank you for enrolling your child at Manifold Heights Primary School.

Before returning enrolment forms to the school office, please ensure the following checklist is referred to. Unfortunately, enrolment forms are unable to be accepted unless all items/information on the checklist are provided at the time of enrolment.

Thank you for your co-operation.

Barry Rowland
Principal

---

*Have you provided the following documents/information:*

- Please note, due to a recent DEECD directive, both parents listed on the child’s birth certificate are required to give consent to school enrolment. In the case that one parent is deceased – please contact the school Principal for further information.
- Custody Restrictions/Court Orders (if applicable)
- Copy of a Birth Certificate or Passport
- Copy of the School Entry Immunisation Certificate (you can obtain this certificate from your GP or Medicare by calling 1800 653 809)
- Copy of Visa (if applicable)
- Kindergarten Information (future Prep students only - page 2)
- Emergency contact details (at least two contacts)
- Medical Condition details (if applicable) – please note, if you wish us to record that your child has a medical condition, you MUST provide us with an Action Plan.
- Action plan for Anaphylaxis (if applicable)
- Action Plan for Allergic Reaction (if applicable)
- Asthma Plan (if applicable)
Please ensure you fill in this page (future Prep students only)

Childs Full Name: ________________________________________________________________

Parent/s names: ________________________________________________________________

Current Kindergarten/Childcare: _________________________________________________

Name and age of Siblings: ________________________________________________________
MANIFOLD HEIGHTS PRIMARY SCHOOL

STUDENT ENROLMENT INFORMATION – 2015/16
(please circle) Cases 21 Generated Student ID:

STUDENT DETAILS
PERSONAL DETAILS OF STUDENT

<table>
<thead>
<tr>
<th>Surname:</th>
<th>Title: (Miss Ms Mr)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Given Name:</td>
<td></td>
</tr>
<tr>
<td>Second Given Name:</td>
<td></td>
</tr>
<tr>
<td>Preferred Name (if applicable):</td>
<td></td>
</tr>
<tr>
<td>☐ Sex (tick): ☐ Male ☐ Female</td>
<td>Birth Date: (dd-mm-yyyy) _______ / _______ / _______</td>
</tr>
</tbody>
</table>

OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Child’s Name and Birth Date proof sighted (tick)</th>
<th>☐ Yes ☐ No</th>
<th>Enrolment Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year Level</td>
<td>Home Group</td>
<td>Timetabling Group</td>
</tr>
<tr>
<td>Student Email Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunisation Certificate received? (tick)</td>
<td>☐ Complete ☐ Not sighted</td>
<td></td>
</tr>
<tr>
<td>Is there a Medical Alert for the student? (tick)</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Does the student have a Disability ID Number? (tick)</td>
<td>☐ No ☐ Yes Disability ID No.:</td>
<td></td>
</tr>
<tr>
<td>Has a Transition Statement been provided (either by the Early Childhood Educator or parents)? (tick)</td>
<td>☐ Yes ☐ No ☐ Pending</td>
<td></td>
</tr>
</tbody>
</table>

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.

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

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

<table>
<thead>
<tr>
<th>Field</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex (tick):</td>
<td>Male, Female</td>
</tr>
<tr>
<td>Title: (Ms, Mrs, Mr, Dr etc)</td>
<td></td>
</tr>
<tr>
<td>Legal Surname:</td>
<td></td>
</tr>
<tr>
<td>Legal First Name:</td>
<td></td>
</tr>
<tr>
<td>What is Adult A’s occupation?</td>
<td></td>
</tr>
<tr>
<td>Who is Adult A’s employer?</td>
<td></td>
</tr>
<tr>
<td>In which country was Adult A born?</td>
<td>Australia, Other (please specify):</td>
</tr>
<tr>
<td>Does Adult A speak a language other than English at home?</td>
<td>If more than one language is spoken at home, indicate the one that is spoken most often. (tick)</td>
</tr>
<tr>
<td>No, English only</td>
<td>Yes (please specify):</td>
</tr>
<tr>
<td>Please indicate any additional languages spoken by Adult A:</td>
<td></td>
</tr>
<tr>
<td>Is an interpreter required? (tick):</td>
<td>Yes, No</td>
</tr>
<tr>
<td>What is the highest year of primary or secondary school Adult A has completed?</td>
<td>(tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below.'):</td>
</tr>
<tr>
<td>Year 12 or equivalent</td>
<td></td>
</tr>
<tr>
<td>Year 11 or equivalent</td>
<td></td>
</tr>
<tr>
<td>Year 10 or equivalent</td>
<td></td>
</tr>
<tr>
<td>Year 9 or equivalent or below</td>
<td></td>
</tr>
<tr>
<td>What is the level of the highest qualification the Adult A has completed?</td>
<td>(tick one)</td>
</tr>
<tr>
<td>Bachelor degree or above</td>
<td></td>
</tr>
<tr>
<td>Advanced diploma / Diploma</td>
<td></td>
</tr>
<tr>
<td>Certificate I to IV (including trade certificate)</td>
<td></td>
</tr>
<tr>
<td>No non-school qualification</td>
<td></td>
</tr>
<tr>
<td>What is the occupation group of Adult A? Please select the appropriate parental occupation group from the attached list.</td>
<td></td>
</tr>
<tr>
<td>If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list.</td>
<td></td>
</tr>
<tr>
<td>If the person has not been in paid work for the last 12 months, enter 'N'.</td>
<td></td>
</tr>
</tbody>
</table>

**ADULT B DETAILS:**

<table>
<thead>
<tr>
<th>Field</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex (tick):</td>
<td>Male, Female</td>
</tr>
<tr>
<td>Title: (Ms, Mrs, Mr, Dr etc)</td>
<td></td>
</tr>
<tr>
<td>Legal Surname:</td>
<td></td>
</tr>
<tr>
<td>Legal First Name:</td>
<td></td>
</tr>
<tr>
<td>What is Adult B’s occupation?</td>
<td></td>
</tr>
<tr>
<td>Who is Adult B’s employer?</td>
<td></td>
</tr>
<tr>
<td>In which country was Adult B born?</td>
<td>Australia, Other (please specify):</td>
</tr>
<tr>
<td>Does Adult B speak a language other than English at home?</td>
<td>If more than one language is spoken at home, indicate the one that is spoken most often. (tick)</td>
</tr>
<tr>
<td>No, English only</td>
<td>Yes (please specify):</td>
</tr>
<tr>
<td>Please indicate any additional languages spoken by Adult B:</td>
<td></td>
</tr>
<tr>
<td>Is an interpreter required? (tick):</td>
<td>Yes, No</td>
</tr>
<tr>
<td>What is the highest year of primary or secondary school Adult B has completed?</td>
<td>(tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below.'):</td>
</tr>
<tr>
<td>Year 12 or equivalent</td>
<td></td>
</tr>
<tr>
<td>Year 11 or equivalent</td>
<td></td>
</tr>
<tr>
<td>Year 10 or equivalent</td>
<td></td>
</tr>
<tr>
<td>Year 9 or equivalent or below</td>
<td></td>
</tr>
<tr>
<td>What is the level of the highest qualification the Adult B has completed?</td>
<td>(tick one)</td>
</tr>
<tr>
<td>Bachelor degree or above</td>
<td></td>
</tr>
<tr>
<td>Advanced diploma / Diploma</td>
<td></td>
</tr>
<tr>
<td>Certificate I to IV (including trade certificate)</td>
<td></td>
</tr>
<tr>
<td>No non-school qualification</td>
<td></td>
</tr>
<tr>
<td>What is the occupation group of Adult B? Please select the appropriate parental occupation group from the attached list.</td>
<td></td>
</tr>
<tr>
<td>If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list.</td>
<td></td>
</tr>
<tr>
<td>If the person has not been in paid work for the last 12 months, enter 'N'.</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Main language spoken at home:</th>
<th>Preferred language of notices:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you interested in being involved in school group participation activities? (eg. School Council, excursions) (tick)</td>
<td>□ Adult A □ Adult B □ Both □ Neither</td>
</tr>
</tbody>
</table>
**PRIMARY FAMILY CONTACT DETAILS**

**ADULT A CONTACT DETAILS: NAME:**

- Can we contact Adult A at work? [ ] Yes  [ ] No
- Is Adult A usually home during business hours? [ ] Yes  [ ] No
- Work Telephone No:
- Other Work Contact information:

**ADULT B CONTACT DETAILS: NAME:**

- Can we contact Adult B at work? [ ] Yes  [ ] No
- Is Adult B usually home during business hours? [ ] Yes  [ ] No
- Work Telephone No:
- Other Work Contact information:

**PRIMARY FAMILY MAILING ADDRESS:**

- No. & Street or PO Box
- Suburb:
- State:  [ ] Postcode:

**PRIMARY FAMILY DOCTOR DETAILS:**

- Doctor’s Name
- Individual or Group Practice: (tick) [ ] Individual  [ ] Group
- No. & Street or PO Box No.:
- Suburb:
- State:  [ ] Postcode:
- Telephone Number  [ ] Fax Number
- Current Ambulance Subscription: (tick) [ ] Yes  [ ] No
- Medicare Number:
### PRIMARY FAMILY EMERGENCY CONTACTS (OTHER THAN ADULT A OR B):

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

### OTHER PRIMARY FAMILY DETAILS

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

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

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

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

**NOTE:** Parents receiving a benefit from Centrelink and holding a current Health Care card or a current Pension card may be entitled to receive the Education Maintenance Allowance. Information on eligibility and application forms are available from the school office.
## Demographic Details of Student

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

- [ ] Australia
- [ ] Other (please specify): __________________________

**Date of arrival in Australia OR Date of return to Australia:** (dd-mm-yyyy) _____ / _____ / _____

**What is the Residential Status of the student?** (tick)

- [ ] Permanent
- [ ] Temporary

**Basis of Australian Residency:**

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

**Visa Sub Class:**

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

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

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

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

(If more than one language is spoken at home, indicate the one that is spoken most often)

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

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

- [ ] Yes
- [ ] No

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

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

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

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

---

# State Arranged Out of Home Care - Students who have been subject to protective intervention by the Department of Human Services and live in alternative care arrangements away from their parents. These DHS-facilitated care arrangements include living with relatives or friends (kith and kin), living with non-relative families (foster families or adolescent community placements) and living in residential care units with rostered care staff.

**Beginning of journey to school:**

**Map Type**

<table>
<thead>
<tr>
<th>Melway / VicRoads / Country Fire Authority / Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Map Number</td>
</tr>
</tbody>
</table>

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

- [ ] Walking
- [ ] School Bus
- [ ] Train
- [ ] Driven
- [ ] Taxi
- [ ] Bicycle
- [ ] Public Bus
- [ ] Tram
- [ ] 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/KINDERGARTEN DETAILS**

<table>
<thead>
<tr>
<th>Date of first enrolment in an Australian Primary School:</th>
<th>_____ / _____ / _____</th>
</tr>
</thead>
</table>

| Name of previous School or Kindergarten (future prep students): |  |
|---------------------------------------------------------------|  |

<table>
<thead>
<tr>
<th>Years of previous education:</th>
<th>What was the language of the student’s previous education?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Does the student have a Victorian Student Number (VSN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes.</td>
</tr>
<tr>
<td>Please specify:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Years of interruption to education:</th>
<th>Is the student repeating a year? (tick)</th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Will the student be attending this school full time? (tick)</th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If No, what will be the time fraction that the student will be attending this school? (i.e: 0.8 = 4 days/week)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other school Name:</th>
<th>Time fraction:</th>
<th>0.</th>
<th>Enrolled:</th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Other school Name:</th>
<th>Time fraction:</th>
<th>0.</th>
<th>Enrolled:</th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
</table>

**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 Section 4.1.2.6 of the Victorian Government Schools Reference Guide for more information ([http://www.education.vic.gov.au/managemanagement/governance/referenceguide/default.htm](http://www.education.vic.gov.au/management/governance/referenceguide/default.htm)).

Enrolment conditions

- 
- 

**OFFICE USE ONLY**

<table>
<thead>
<tr>
<th>Has the documentation been provided and retained on school records?</th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have the conditions been met to complete the enrolment?</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
</tbody>
</table>
# Student Access or Activity Restrictions Details

<table>
<thead>
<tr>
<th>Is the student at risk?</th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
</table>

| Is there an Access Alert for the student? (tick) | ☐ Yes (If Yes, then complete the following questions and present a current copy of the document to the school.) | ☐ No (If No, move to the immunisation / medical condition details questions.) |

<table>
<thead>
<tr>
<th>Access Type: (tick)</th>
<th>☐ Court Order</th>
<th>☐ Family Law Order</th>
<th>☐ Restraining Order</th>
<th>☐ Other</th>
</tr>
</thead>
</table>

Describe any Access Restriction:

<table>
<thead>
<tr>
<th>Is there an Activity Alert for the student? (tick)</th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
</table>

If Yes, then describe the Activity Restriction:

---

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Current custody document placed on student file? ☐ Yes ☐ 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:

<table>
<thead>
<tr>
<th>Does the student suffer from any of the following impairments? (tick)</th>
<th>Hearing:</th>
<th>Vision:</th>
<th>Mobility:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(tick)</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Yes</td>
</tr>
</tbody>
</table>

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

HAVE YOU PROVIDED THE SCHOOL WITH AN UP TO DATE ASTHMA FORM?

□ Yes | □ No

ASTHMA MEDICAL CONDITION DETAILS – PLEASE ENSURE ASTHMA ACTION PLAN HAS BEEN SIGNED BY A DOCTOR

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)

- □ Cough
- □ Difficulty Breathing
- □ Wheeze
- □ Exhibits symptoms after exertion
- □ Tight Chest

If my child displays any of these symptoms please: (tick)

- □ Inform Doctor
- □ Inform Emergency Contact
- □ Administer Medication
- □ Other Medical Action

If yes, please specify:

Has an Asthma Management Plan been provided to School?

□ Yes | □ No

Does the student take medication? (tick) | □ Yes | □ No

Name of medication taken:

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

□ Preventative | □ Response

Indicate the usual dosage of medication taken:

Indicate how frequently the medication is taken:

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

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

Dosage time Reminder required? (tick) | □ Yes | □ No

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) | □ Yes | □ No

If yes, please specify:

Symptoms:

If my child displays any of the symptoms above please: (tick)

- □ Inform Doctor
- □ Administer Medication

If yes, please specify:

Does the student take medication? (tick) | □ Yes | □ No

Name of medication taken:

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

□ Preventative | □ Response

Indicate the usual dosage of medication taken:

Indicate how frequently the medication is taken:

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

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

Dosage time Reminder required? (tick) | □ Yes | □ No

Poison Rating
**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.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Doctor’s Name:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Individual or Group Practice:</strong> (tick)</td>
<td>□ Individual □ Group</td>
</tr>
<tr>
<td><strong>No. &amp; Street or PO Box No.:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Suburb:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>State:</strong></td>
<td><strong>Postcode:</strong></td>
</tr>
<tr>
<td><strong>Telephone Number</strong></td>
<td><strong>Fax Number</strong></td>
</tr>
<tr>
<td><strong>Student Medicare Number:</strong></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th><strong>Name</strong></th>
<th><strong>Relationship</strong> (Neighbour, Relative, Friend or Other)</th>
<th><strong>Language Spoken</strong> (If English Write “E”)</th>
<th><strong>Telephone Contact</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature of Adult A: _________________________________ Date: _____ / _____ / ______

Signature of Adult B: _________________________________ Date: _____ / _____ / ______

Please note, due to a recent DET directive, both parents listed on the child’s birth certificate are required to give consent to school enrolment. In the case that one parent is deceased – please contact the school Principal for further 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.*
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 / caravans / 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** (laborer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)
MANIFOLD HEIGHTS PRIMARY SCHOOL ACCEPTABLE USE AGREEMENT FOR ULTRANET, INTERNET AND DIGITAL TECHNOLOGIES

Manifold Heights Primary School believes the teaching of cybersafe and responsible online behaviour is essential in the lives of students and is best taught in partnership between home and school.

21st century students spend increasing amounts of time online, learning and collaborating. To be safe online and to gain the greatest benefit from the opportunities provided through an online environment, students need to do the right thing by themselves and others online, particularly when no one is watching.

Safe and responsible behaviour is explicitly taught at our school and parents/carers are requested to reinforce this behaviour at home.

Some online activities are illegal and as such will be reported to police.

Part A - School support for the safe and responsible use of digital technologies
Manifold Heights Primary School uses the Ultranet, internet and digital technologies as teaching and learning tools. We see the internet and digital technologies as valuable resources, but acknowledge they must be used responsibly.

Your child has been asked to agree to use the Ultranet, internet and mobile technologies responsibly at school. Parents/carers should be aware that the nature of the internet is such that full protection from inappropriate content can never be guaranteed.

At Manifold Heights Primary School we:
- have policies in place that outline the values of the school and expected behaviours when students use digital technology and the internet
- provide a filtered internet service
- provide access and model appropriate use within the Ultranet - the Department of Education and Early Childhood Development’s state-wide, secure learning environment.
- provide supervision and direction in online activities and when using digital technologies for learning
- support students in developing digital literacy skills
- have a cybersafety program at the school which is reinforced across the school
- use mobile technologies for educational purposes (e.g. podcasts or photos from excursions)
- provide support to parents/carers through information evenings and relevant publications
- work with students to outline and reinforce the expected behaviours in the Ultranet.
- reinforce that cybersafe and responsible behaviours are expected in their school use of digital technology including the Ultranet.
MANIFOLD HEIGHTS PRIMARY SCHOOL ACCEPTABLE USE AGREEMENT FOR ULTRANET, INTERNET AND DIGITAL TECHNOLOGIES

Part B - Student Agreement

When I use digital technology I agree to:
- be a safe, responsible and ethical user whenever and wherever I use it
- support others by being respectful in how I communicate with them and never write or participate in online bullying (this includes forwarding messages and supporting others in harmful, inappropriate or hurtful online behaviour)
- talk to a teacher if I feel uncomfortable or unsafe online or see others participating in unsafe, inappropriate or hurtful online behaviour
- seek to understand the terms and conditions of websites and online communities and be aware that content I upload or post is my digital footprint
- protect my privacy rights and those of other students by not giving out personal details including full names, telephone numbers, addresses and images
- use the internet for educational purposes and use the equipment properly
- use social networking sites for educational purposes and only as directed by teachers
- abide by copyright procedures when using content on websites (ask permission to use images, text, audio and video and cite references where necessary)
- think critically about other users’ intellectual property and how I use content posted on the internet.
- not interfere with network security, the data of another user or attempt to log into the network with a user name or password of another student
- not reveal my password to anyone except the system administrator or the teacher
- not bring or download unauthorised programs, including games, to the school or run them on school computers

When I use any mobile device I agree to:
- protect the privacy of others and never post or forward private information about another person
- only take photos and record sound or video when it is part of an approved lesson
- seek permission from individuals involved before taking photos, recording sound or videoing them
- be respectful in the photos I take or video I capture and never use these as a tool for bullying
- mobiles, ipods and other mobile devices are not to be used in the yard at any time (except when it is part of an approved lesson).

This Acceptable Use Agreement also applies during school excursions, camps and extra-curricular activities. I acknowledge and agree to follow these rules. I understand that my access to the internet and mobile technology at school will be renegotiated if I do not act responsibly.

I have read the Acceptable Use Agreement carefully and understand the significance of the conditions and agree to abide by these conditions. I understand that any breach of these conditions will result in internet and mobile technology access privileges being suspended or revoked.

Student Name: ___________________________ Year Level: ______________ Date: __________________________

Student Signature: ________________________________

Parent/Carer Signature: ________________________________

If you have any concerns about this agreement or ideas for making the agreement better contact the School. For further Support with online issues students can call Kids Helpline on 1800 55 1800. Parents/care calls Parentline 132289 or visit http://www.cybersmart.gov.au/report.aspx

Turn over→
**HEAD LICE INSPECTION**

Throughout the year, the school will be arranging head lice inspections of students. The management of head lice infestation works best when all children are involved in our screening program. The inspection of students will be conducted by volunteer parents who have signed a confidentiality agreement with the school. In cases where live head lice are found, the person inspecting the student will inform the Principal. The school will contact the parents.

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

**NOTE:** Head lice screening procedures will be conducted with no cross contamination occurring between children. Visual checks may also be conducted 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.

Every student will receive a program letter thus maintaining confidentiality, regardless of screening results.

**PARENT MANAGED HEAD LICE CONSENT**

*STUDENT CONSENT FORM.*

Permission to cover the duration of the student's schooling at Manifold Heights PS.

Throughout the year, the school will be arranging head lice inspections of students. Head lice screening procedures will be conducted with no cross contamination occurring between children.

The management of head lice infestation works best when all children are involved in our screening program. The inspection of students will be conducted by volunteer parents who have signed a confidentiality agreement with the school.

In cases where live head lice are found, the person inspecting the student will inform the Principal. The school will contact the parents.

Students without signed consent forms for head lice checks may still be part of the visual check program conducted for the presence of head lice, when it is suspected that head lice may be present. Volunteers or teachers do not physically touch the child’s head during a visual check.

I hereby give my consent for my child to participate in the school’s head lice inspection program for the duration of their schooling at Manifold Heights PS.

I accept the conditions of the Parent Managed Head Lice Program.

Child’s name: .......................................................................................... Grade: ........................................

Parent’s/ guardian’s name: ........................................................................................................

Parent’s/ guardian’s signature: ............................................................ Date: ......................................
MULTIMEDIA INDEMNITY

From time to time students’ images (including still, moving & audio) are published for educational purposes. We require your permission to publish images of your child. For example, the school newsletter (print and website publication), the school’s Facebook page, the school website and other media outlets. We require your permission to publish images of your child.

☐ I DO give permission for my child’s image (still, moving & audio) to be published.

☐ I DO NOT give permission for my child’s image (still, moving & audio) to be published.

I understand that all media releases from the Manifold Heights Primary School must have the approval of the principal.

SIGNED: ___________________________ DATE: _________________

PRINTED NAME: ________________________________

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

Signature of Parent/Guardian A: ___________________________ Date: _____ / _____ / ______

Signature of Parent/Guardian B: ___________________________ Date: _____ / _____ / ______