

# Hillarys Primary School Enrolment Form

An Independent Public School

75 Lymburner Drive, HILLARYS WA 6025

9 307 6365

Email: [hillarys.ps@education.wa.edu.au](mailto:hillarys.ps@education.wa.edu.au)



Office Use Only

Date			
Year		Room	
Faction			
Entered into Integris			

## \*STUDENT DETAILS (\*ESSENTIAL INFORMATION)

\* Surname \_\_\_\_\_

\* Legal Surname

(if different from above name): \_\_\_\_\_

\* 1st Name \_\_\_\_\_ \* 2nd Name \_\_\_\_\_

The Class year are you seeking to enrol in (mark one box)

**Kindy**   **Pre-P**   **1**   **2**   **3**   **4**   **5**   **6**  
☐   ☐   ☐   ☐   ☐   ☐   ☐   ☐

Preferred start date beginning of 20\_\_\_\_ school year or, Date   /   /

Preferred Name \_\_\_\_\_

\* Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

8. \*Sex

☐ Male

☐ Female

☐ Indeterminate/Intersex

Parent Email (BLOCK LETTERS)


\* Residential Address

Address \_\_\_\_\_ Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Is this their usual place of residence?   ☐ YES   ☐ NO

\* Telephone \_\_\_\_\_

Full names of any brothers and sisters attending this school

Sibling 1 \_\_\_\_\_ Sibling 2 \_\_\_\_\_

Sibling 3 \_\_\_\_\_

## RELATIONSHIP WITH PARENT/S

\* Child lives with

Both Parents ☐

Parent 1 ☐

Parent 2 ☐

Other Person Responsible ☐ Relationship to child \_\_\_\_\_

## CONFIDENTIAL

\* Is this student in the care of the Department for Child Protection and Family Support's (CPFS) Director General? ☐ YES ☐ NO

If YES, please specify the name and contact details of the CPFS Case Manager, their CPFS District and their contact phone number.

\* Is this student subject to any court orders in respect of their care, welfare and development? ☐ YES ☐ NO

If YES, please specify and attach supporting documentation.

Is this student subject to Access Restriction?

YES ☐ (If YES, please attach supporting documentation) NO ☐

## PARENT/RESPONSIBLE PERSON 1 – DETAILS (1<sup>ST</sup> PERSON TO BE CONTACTED IN AN EMERGENCY)

Title: \* First Name \_\_\_\_\_ \* Surname \_\_\_\_\_

Relationship to the student \_\_\_\_\_

Please indicate whether you have the: ☐ Day to day care of the student **or** ☐ shared care

Fees and charges billing: ☐ YES ☐ NO If no, who is responsible: \_\_\_\_\_

\* Postal Address (if different from student's residential address) \_\_\_\_\_ Postcode \_\_\_\_\_

\* Telephone \_\_\_\_\_ \* Work Telephone \_\_\_\_\_ \* Mobile \_\_\_\_\_

Email Address \_\_\_\_\_

**Please note: Parent/Guardian 1 will receive communication for newsletters and class information**

Occupation/Workplace \_\_\_\_\_

Do you mainly speak English at home? YES ☐ NO ☐  
If NO, please indicate the language \_\_\_\_\_  
(If more than one language, indicate the one spoken most often)

What is the highest year of primary or secondary school you have completed?

Year 12 or equivalent ☐  
Year 11 or equivalent ☐  
Year 10 or equivalent ☐  
Year 9 or equivalent or below ☐

(If you did not attend school, mark 'Year 9 or equivalent or below')

What is the level of the highest qualification you have completed?

Bachelor degree or above ☐  
Advanced Diploma/Diploma ☐  
Certificate I to IV (incl. trade certificate) ☐  
No non-school qualification ☐

What is your occupation group? \_\_\_\_\_ (Write 1, 2, 3, 4 or 8) **Refer Back Page**

Please select the appropriate parental occupation group from the list provided on the last page of this document. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. If you have not been in paid work in the last 12 months, enter '8' above.

**PARENT/RESPONSIBLE PERSON 2 – DETAILS (2<sup>ND</sup> PERSON TO BE CONTACTED IN AN EMERGENCY)**

Title: \* First Name \_\_\_\_\_ \* Surname \_\_\_\_\_

Relationship to the student \_\_\_\_\_

Please indicate whether you have the: ☐ Day to day care of the student **or** ☐ shared care

Fees and charges billing: ☐ YES ☐ NO If no, who is responsible: \_\_\_\_\_

\* Postal Address (if different from student's residential address) \_\_\_\_\_

Postcode \_\_\_\_\_

\* Telephone \_\_\_\_\_

\* Work Telephone \_\_\_\_\_

\* Mobile \_\_\_\_\_

Email Address \_\_\_\_\_

**If you would also like to receive class and newsletter communication by email please contact the office**

Occupation/Workplace \_\_\_\_\_

Do you mainly speak English at home? YES ☐ NO ☐

If NO, please indicate the language \_\_\_\_\_  
(If more than one language, indicate the one spoken most often)

What is the highest year of primary or secondary school you have completed?

Year 12 or equivalent ☐

Year 11 or equivalent ☐

Year 10 or equivalent ☐

Year 9 or equivalent or below ☐

(If you did not attend school, mark 'Year 9 or equivalent or below')

What is the level of the highest qualification you have completed?

Bachelor degree or above ☐

Advanced Diploma/Diploma ☐

Certificate I to IV (incl. trade certificate) ☐

No non-school qualification ☐

**12. What is your occupation group? \_\_\_\_\_ (Write 1, 2, 3, 4 or 8) Refer Back Page**

*Please select the appropriate parental occupation group from the list provided on the last page of this document. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. If you have not been in paid work in the last 12 months, enter '8' above.*

**ADDITIONAL PERSON'S CONTACT DETAILS**

1. Title \_\_\_\_\_ \* First Name \_\_\_\_\_ \* Surname \_\_\_\_\_

2. Relationship to the student \_\_\_\_\_

3. \*Postal Address (if different from student's residential address) \_\_\_\_\_

Postcode \_\_\_\_\_

4. \* Telephone \_\_\_\_\_

\* Work Telephone \_\_\_\_\_

\* Mobile \_\_\_\_\_

*Please advise the school if there are any other contacts you would like recorded.*

## STUDENT DETAILS – ADDITIONAL INFORMATION

### Evidence of immunisation status

Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old shows my vaccination is ☐ Up to date ☐ Not up to date as at \_\_\_\_\_ (date of Statement)

OR

AIR Immunisation History Statement that is no more than six months old shows my child is on a catch up schedule as at \_\_\_\_\_ (date of Form)

OR

Immunisation Certificate issued by the Chief Health Officer as at \_\_\_\_\_ (date of Certificate)

Nationality (optional): \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Religion \_\_\_\_\_ Is the student to be withdrawn from religious instruction? ☐ YES ☐ NO

Student First Language: \_\_\_\_\_

Does the student speak a language other than English at home? ☐ YES ☐ NO

Does the student mainly speak English at home?

(if more than one language, indicate the one that is spoken most often)

☐ YES ☐ NO

☐ NO, English only

☐ YES, other – please specify: \_\_\_\_\_

Is the student of Aboriginal or Torres Strait Islander origin?

(For children of both Aboriginal & Torres Strait Islander origin mark both 'YES' boxes)

☐ NO

☐ YES, Aboriginal

☐ YES, Torres Strait Islander

If the school has a local-intake area, does the student reside outside the area? ☐ YES ☐ NO

\* Citizenship

Australian ☐

Other nationality \_\_\_\_\_

\* Visa Sub Class Number \_\_\_\_\_

\* Visa Grant Number \_\_\_\_\_

\* Visa Expiry Date -- / -- / --

\* Date Entered Australia -- / -- / --

\* Please note – if you are on a Visa you **MUST** provide your paperwork which provides us with the student's Visa Grant Number and Sub Class Number.

School needs to be notified immediately of any Visa changes.

International Fee Paying (if known): ☐ YES ☐ NO

\* Name of previous school \_\_\_\_\_

Reason for change of school (if applicable) \_\_\_\_\_

\* If previously registered for home education, please specify the Education Region in which registration was recorded \_\_\_\_\_

## STUDENT DETAILS – MEDICAL/HEALTH

\*Does the student have a disability? YES ☐ NO ☐

If YES, please specify the disability \_\_\_\_\_

Autism Spectrum Disorder	<input type="checkbox"/>	Severe Mental Disorder	<input type="checkbox"/>
Deaf or Hard of Hearing	<input type="checkbox"/>	Global Developmental Delay	<input type="checkbox"/>
Specific Speech Language Impairment	<input type="checkbox"/>	Vision Impairment	<input type="checkbox"/>
Intellectual Disability	<input type="checkbox"/>	Physical Disability	<input type="checkbox"/>
Severe Medical/Health Condition	<input type="checkbox"/>	Other	<input type="checkbox"/>
		Please specify _____	

\*Please indicate if you have documentation regarding your child's disability YES ☐ NO ☐  
(Copies of this documentation will be required for school records).

The *Student Health Care Summary* may also need to be completed for all students prior to enrolment if they have a medical condition (provided on page 10 & 11). This needs to be updated if the student's health care needs change. It will be used by the school in the event of care being needed. *If the student has medical conditions or intensive health care needs, you also will be asked by the school to complete the relevant Health Care Authorisations.*

Please provide details of any other information you would like noted about the student's health.

Does the student have a medical or health care need? YES ☐ NO ☐

If YES, please specify.

<input type="checkbox"/> Allergy – Anaphylaxis	<input type="checkbox"/> Hearing condition (e.g. otitis media)
<input type="checkbox"/> Allergy – Other _____	<input type="checkbox"/> Mental health or behavioural (eg ADD/ADHD, depression)
<input type="checkbox"/> Asthma	<input type="checkbox"/> Intensive Care Needs (e.g. tube feeding)
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other _____
<input type="checkbox"/> Diagnosed migraine/headaches	
<input type="checkbox"/> Seizure Disorder (e.g. epilepsy)	

Medical Practice (Name and Address) \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dental Practice (Name and Address) \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone \_\_\_\_\_

Do you give permission for school to administer first aid? YES ☐ NO ☐

Do you give permission for school to call a doctor? YES ☐ NO ☐

Medicare Number:  Expiry \_\_\_\_/\_\_\_\_/\_\_\_\_

Health Care Card (if applicable): ☐ YES ☐ NO If Yes, please provide No. \_\_\_\_\_ Expiry \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have ambulance cover? YES ☐ NO ☐  
(If there is a medical emergency, parents/responsible persons are expected to meet the cost of the ambulance)

Name of Insurance Company \_\_\_\_\_

Permission to call the Dentist Y / N

## CONSENT FORMS

Parent consent is sought for a variety of school related activities.

At Hillarys Primary School we aim to offer your child the widest range of learning opportunities and celebrate whenever possible. This may often require some form of parental consent. The following pages asks you to consent (or otherwise) to your child's participation / use / access to several aspects of the school program. Please read through the following information and complete by indicating your preference. At all times we make the very best efforts to exercise exemplary standards in respect of duty of care.

### ONLINE SERVICES ACCEPTABLE USE AGREEMENT – Kindy to Year 2 (Appendix C)

I agree to follow the rules set out below when I use the Department-provided online services:

- I will keep my password private and not share with other students.
- I will not let other people logon and/or use my online account.
- I will tell the teacher if I think someone is using my online account.
- I will tell the teacher if I see anything that makes me feel uncomfortable or unsafe that I know I should not access or view at school.
- I will say where other people's pictures or words come from if I copy them from the internet.
- I will check with the teacher before giving information about myself or anyone else when using online services.
- I will take care when using the school's computer equipment.
- I will not use any online service to be mean, rude or unkind about other people.

I understand that if I use the internet or my online account in a way that I should not, then I may not be able to use these in the future.

### ONLINE SERVICES ACCEPTABLE USE AGREEMENT - Years 3 to 6 (Appendix D)

I agree to follow the rules set out below when I use the Department-provided online services:

- I will keep my password private and not share with other students.
- I will not let other people logon and/or use my online account.
- I will tell the teacher if I think someone is using my online account.
- If I find any information that is inappropriate or makes me feel upset or confused I will tell a teacher about it. Some of these things may include violence, racism, pornography, or content that is offensive, intimidating or encourages dangerous or illegal things.
- I understand the school and the Department of Education can monitor my use of online services. • I will use appropriate language in all internet communications.
- If I use other people's work taken from the internet as part of my own research and study I will acknowledge them as the owner.
- I will check with the teacher before sharing images or giving information about myself or anyone else when using online services.
- I will take care of the computers, computer systems or computer networks of the school, the Department of Education or any other organisation.

#### I understand that

- I am responsible for my actions while using online services and may be held responsible for any breaches caused if I allow any other person to use my online account;
- If I misuse any online services I may be held liable and the principal may take further action.

## PERMISSION FOR STUDENTS TO HAVE AN ONLINE SERVICES ACCOUNT – Appendix B

Our school provides access to Department of Education online services. These enhance the contemporary learning opportunities available to students and the range of teaching tools available to staff to deliver the Western Australian Curriculum.

I am writing to seek approval for your child to be given access to these online services.

The Department's online services currently provide students with access to:

- individual email accounts;
- the internet, with all reasonable care taken by central office and schools to monitor and control students' access to websites while at school;
- online teaching and learning services such as Connect, web-conferencing and digital resources;
- online file storage and sharing services; and
- these online services at locations other than school.

If you agree to your child using these online services, please tick the yes box for the Acceptable Use Agreement and complete the information below. Please explain the content of the Acceptable Use Agreement to your child before completing the enrolment (previous page).

Both sections need to be completed before your child commences so that an online services account can be created for your child.

Please note that while every reasonable effort is made by schools and the Department to prevent student exposure to inappropriate online content when using Department provided online services, it is not possible to completely eliminate the risk of such exposure.

You should be aware that the Department has the right to review, audit, intercept, access and disclose messages created, received or sent over Department online services. Logs of email transactions and internet access data are kept for administrative, legal and security purposes and may be monitored. Similar to other corporate records, emails and internet access records are discoverable in the event of legal action and are subject to provisions of the Freedom of Information Act 1992. ([www.foi.wa.gov.au](http://www.foi.wa.gov.au))

You should also be aware that general internet browsing not conducted via the Department's network is not monitored or filtered by the Department. The Department encourages close family supervision of all internet use by children in locations other than school, and strongly recommends the use of appropriate internet filtering software. Advice on managing internet use at home can found on the Office of the E-Safety Commissioner website ([www.esafety.gov.au/iparent](http://www.esafety.gov.au/iparent))

### **Parent**

☐ I give permission for my child to have an online services account.

☐ I DO NOT give permission for my child to have an online services account.

I understand and agree that my child has responsibilities when using the online services provided at school for educational purposes, in accordance with the Acceptable Use Agreement for school students.

I also understand that if my child breaks any of the rules in the agreement that the principal may take disciplinary action in accordance with the Department's Student Behaviour Policy and Procedures.

**Note:** While every reasonable effort is made by schools and the Department of Education to prevent student exposure to inappropriate online content when using the Department's Online Services, it is not possible to completely eliminate the risk of such exposure. The Department cannot filter internet content accessed by your child from home or from other locations away from the school. The Department recommends the use of appropriate internet filtering software at home.

### PERMISSION TO PUBLISH (APPENDIX F)

Children's images and/or their work are often published to recognise excellence or effort and may appear in newspapers, on the internet, in newsletters or on film or video. Their names may also be included but no contact details are provided. Work/images captured by the school will be kept for no longer than is necessary for the purpose outlined above and will be stored and disposed of securely. Please note: We will not use your child's surname in the newsletter.

☐

Yes, I give consent to my child to have his/her name, image or work published as described above.

☐

No, I do not give consent. (ticking this option will **exclude** your child being mentioned in the newsletter when receiving a Successful Student Award)

### ONLINE ACCEPTABLE USER (APPENDIX C,D & E)

Students access to the internet is provided in accordance with the school policy. Student access is contingent on abiding by the users' Code of Conduct (please see page 6 and discuss with your child).

☐

Yes, I have discussed the rules with my child and give permission to access the internet in accordance with school policy.

☐

No, I do not give consent.

### PERMISSION PG VIEWING

Students often watch video's / DVDs / television documentaries as part of their learning. Almost always these are 'G' rated and don't require consent. Very occasionally something with a 'PG' rating is appropriate for which we would need parental permission.

☐

Yes, I consent to my child viewing item's with a 'PG' rating if deemed suitable by the teacher and school administration.

☐

No, I do not give consent.

### LOCAL EXCURSION CONSENT

It is occasionally necessary for students to leave the school grounds for activities to be held on nearby premises at Mawson Park, MacDonald Reserve and Hillarys Park. Students will be under the supervision of Hillarys Primary School staff.

**Please note:** Hillarys sports carnival are always held at Hillarys Park.

☐

Yes, I consent to my child attending excursions held at the school/surrounding the school.

☐

No, I do not give consent.

### MOBILE PHONE POLICY – This is in line with the Department of Education Mobile Phone Policy

The school does not support the student use of mobile phones at school, however, students may have mobile phones at school on the basis that there are compelling reasons to do so. All mobile phones must be switched off and stay in students' bags during the school day. Students are now required to put their smart watches in 'aeroplane mode' so phone calls and messages cannot be sent or received during the school day. If the mobile phone is found out of the school bag during school hours the phone will be held at the office for the collection by the parent or carer.

Under no circumstances will the school accept any responsibility for the loss, theft or damage to a student's mobile phone. All mobile phones must be labelled with their name.

☐

Yes, I understand the Mobile Phone Usage agreement (this includes smart watches)

**Note: It is the parent/guardians responsibility to inform the school with any changes to the above preferences**



## ENROLMENT FORM PARENT/GUARDIAN SIGNATURE

Name of person enrolling student: \_\_\_\_\_

Relationship to Child \_\_\_\_\_

If an enrolment for Kindergarten, I declare this to be the only enrolment made.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## APPROVAL OF PRINCIPAL OR DELEGATE

☐ Approved ☐ Not Approved

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

## OFFICE USE ONLY

Student's official documentation all sighted (Date): \_\_\_\_\_ ☐ YES ☐ NO

☐ Birth certificate ☐ Passport ☐ Travel document/s

Student's Residency status: .. ☐ Local ☐ Permanent Resident

☐ Overseas Student: If yes, International fee paying: ..... ☐ YES ☐ NO

Entry Date: \_\_\_\_\_

Previous School: \_\_\_\_\_ Records received: ☐ YES ☐ NO

Publications/Internet Permission Form completed: ..... ☐ YES ☐ NO

Contributions and Charges Billing: ☐ PG1: \_\_\_\_% ☐ PG2: \_\_\_\_% ☐ Other: \_\_\_\_%

Official documentation: ☐ PG1: \_\_\_\_ ☐ PG2: \_\_\_\_ ☐ Other: \_\_\_\_\_  
(including reports, to be sent to)

AIR immunisation history statement provided: ☐ YES ☐ NO

Date of issue: \_\_\_\_\_ Vaccination status is ☐ Up to date ☐ Not up to date

If not up to date, additional request/s for documentation on date/s: \_\_\_\_\_

Other immunisation evidence provided: AIR Immunisation History Form ☐ YES ☐ NO Immunisation Certificate

issued by the Chief Health Officer ☐ YES ☐ NO

**Kindergarten students only** Eligibility for immunisation exemption approved: Code ☐

Form/Class: \_\_\_\_\_ House Faction: \_\_\_\_\_

Approved by Principal: ☐ NO ☐ YES on (Date): \_\_\_\_\_

Entered on School Information system by: \_\_\_\_\_ on (Date): \_\_\_\_\_

Student leaves school: (Date) \_\_\_\_\_ Date Transfer Note Sent: \_\_\_\_\_

Destination: \_\_\_\_\_

Records received from transferring school: ☐ NO ☐ YES on (Date): \_\_\_\_\_

### RETENTION AND TRANSFER OF STUDENT ENROLMENT RECORDS:

1. **Enrolment Applications (successful)** – The School to retain for 5 years after last action and then destroy.
2. **Enrolment Applications (unsuccessful)** – The School to retain for 2 years after last action and then destroy.
3. **Enrolment Register (Register of Admissions/Enrolment Cards used prior to the School Information System)** – The School to retain for 7 years after last action and then archive and transfer to State Records Office only when advised by Corporate Information Services.
4. **Enrolment Records (managed in the School Information System)** – The School must print out annually for all school leavers, the School must retain for 7 years after the last action and then archive and transfer to State Records Office only when advised by Corporate Information Services.
5. **Student files** – The School must negotiate with the previous school at the local level the transfer within 5 school days.

# FORM 1 – STUDENT HEALTH CARE SUMMARY - Hillarys

Please complete if your child has a medical condition

## SECTION A

School:	Year:	Form:	Teacher:
Student's Name:	Date of Birth:		
Address:	Gender: Male/Female		

## FAMILY CONTACT DETAIL

## MEDICAL DETAILS

Name:	Medical Practice:	Telephone:
Relationship to student:	Doctor 1:	Telephone:
Address:	I give permission for the school to seek medical attention for my child as required from the above medical centre. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Telephone: (W) (H) (M)	Do you have ambulance cover? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If there is a medical emergency, parents/carers are expected to meet the cost of an ambulance.</b>	
Name:	List any essential information that could affect your child in an emergency e.g. allergy to penicillin.	
Relationship to student:		
Address:	Health care card: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Telephone: (W) (H) (M)	Medicare No. (If required – for children requiring regular emergency care):	

## ADMINISTRATION OF MEDICATION

Written authorisation must be provided for staff to administer any form of medication at school.

**Long term medication** – Complete the *Medication* section of the relevant health care plan – see below.

**Short term medication** - Request an *Administration of Medication* form to complete and return to the principal or class teacher.

## INFORMED CONSENT

Your child's health care information will be shared with staff on a "need to know" basis unless otherwise stated. Do you give permission for the school to share your child's health care information? Yes ☐ No ☐

**Note:** If your child is enrolled in a TAFE, PEAC or an alternative education program, this includes the transfer of their health care information to the principal or manager of that program.

If no, and the information is to be restricted, who can be informed of your child's health care information?

Does your child have one or more health condition(s) that will **require support** from school staff?

No ☐ - sign below and return Section A of this form to the school office. If your child's requirements change, please notify the school.

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

Yes ☐ - complete the remainder of this form (section B) and return to the school office. You will be given additional forms to complete.

List your child's health condition(s): \_\_\_\_\_

**SECTION B – IN THE FOLLOWING TABLE, PLEASE INDICATE YOUR CHILD’S CONDITION(S) WHICH REQUIRE THE SUPPORT OF SCHOOL STAFF** (In response to the information below, you will be given further forms for specific health conditions to complete)

Severe Allergy/Anaphylaxis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Minor & Moderate Allergies	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Seizures	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Activities Of Daily Living	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Other Conditions or Needs (please specify)  

Yes ☐ No ☐

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Has your child’s Medical Practitioner provided a health care plan to assist the school to manage the condition?

Yes ☐ No ☐ (if yes please advise the Principal or Associate Principal)

If you have ticked “Yes” for specific staff training, please discuss the type of training needed with the Principal or Associate Principal.

**SECTION C: CONSENT FOR PHOTO IDENTIFICATION ON YOUR CHILD’S HEALTH CARE PLAN**

If your child has a condition where an emergency may occur, please indicate whether you give consent for staff to place your child’s medical details and photo on view to provide immediate identification.

I give permission for my child’s “medical details and photo” to be on view for staff. Yes ☐ No ☐

If yes, please attach photo to the relevant health care plan(s).

**SECTION D: MEDIC ALERT INFORMATION**

Does your child have a Medic Alert bracelet or pendant? Yes ☐ No ☐

If yes, provide details \_\_\_\_\_

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

Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Care Name: \_\_\_\_\_

**ON COMPLETION OF THIS FORM, PLEASE REQUEST AND COMPLETE THE RELEVANT HEALTH CARE PLANS**

**Note: Where appropriate students should be encouraged to participate in their health care planning.**

**Office Use Only**

Does the child have an allergy that needs to be flagged on SIS? Yes ☐ No ☐ Date: \_\_\_\_\_

Have relevant health care plans been issued to the parent? Yes ☐ No ☐ Date: \_\_\_\_\_

Has the Principal been informed if:

- specific training is required to support the student? Yes ☐ No ☐
- the student’s health care information is to be restricted? Yes ☐ No ☐

Date *Student Health Care Summary* was completed and uploaded on SIS:    /    /

GROUP 1	GROUP 2	GROUP 3	GROUP 4
<p><b>Senior management in large business organisation government administration &amp; defence, and qualified professionals</b></p>	<p><b>Other business managers, arts/media/sports persons and associate professionals</b></p>	<p><b>Tradesmen/women, clerks and skilled office, sales and service staff</b></p>	<p><b>Machine operators, hospitality staff, assistants, labourers and related workers</b></p>
<p><b>Senior executive/ manager/ department head</b> in industry, commerce, media or other large organisation</p> <p><b>Public service manager</b> (section head or above), regional director, health/education/police/ fire services administrator</p> <p><b>Other administrator</b> [school Principal, faculty head/dean, library/museum/gallery director, research facility director]</p> <p><b>Defence Forces</b> Commissioned Officer</p> <p><b>Professionals</b> 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</p> <p><b>Health, Education, Law, Social Welfare, Engineering, Science, Computing</b> professional.</p> <p><b>Business</b> [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]</p> <p><b>Air/sea transport</b> [aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller]</p>	<p><b>Owner/manager</b> of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p><b>Specialist manager</b> [finance/engineering/productio n/ personnel/ industrial relations/ sales/marketing]</p> <p><b>Financial services manager</b> [bank branch manager, finance/ investment/insurance broker, credit/loans officer]</p> <p><b>Retail sales/services manager</b> [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]</p> <p><b>Arts/media/sports</b> [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official]</p> <p><b>Associate professionals</b> generally have diploma/technical qualifications and support managers and professionals</p> <p><b>Health, Education, Law, Social Welfare, Engineering, Science, Computing</b> technician/associate professional.</p> <p><b>Business/administration</b> [recruitment/employment/indus trial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]</p> <p><b>Defence Forces</b> senior Non-Commissioned Officer.</p>	<p><b>Tradesmen/women</b> generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</p> <p><b>Clerks</b> [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]</p> <p><b>Skilled office, sales and service staff</b></p> <p><b>Office</b> [secretary, personal assistant, desktop publishing operator, switchboard operator]</p> <p><b>Sales</b> [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher]</p> <p><b>Service</b> [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]</p>	<p><b>Drivers, mobile plant, production/ processing machinery and other machinery operators</b> <b>Hospitality staff</b> [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]</p> <p><b>Office assistants, sales assistants and other assistants</b></p> <p><b>Office</b> [typist, word processing/data entry/business machine operator, receptionist, office assistant]</p> <p><b>Sales</b> [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]</p> <p><b>Assistant/aide</b> [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]</p> <p><b>Labourers and related workers</b></p> <p><b>Defence Forces</b> ranks below senior NCO not included in other groups</p> <p><b>Agriculture, horticulture, forestry, fishing, mining worker</b> [farm overseer, shearer, wool/hide classer, farmand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]</p> <p><b>Other worker</b> [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]</p>