

Principal's Report

I hope that you are all settled back into the swing of remote learning – learning at home. The feedback received so far indicates we are hitting the mark connecting with students through the Campfires, Watering Holes and Swamp which were initiated due to parent feedback. Please continue to give feedback to ensure what we are doing is working for everyone. Please note, it is a fine line pleasing all families as each have different needs/opinions, but we are doing our very best.

This week some of our fellow Kingston Network schools have closed for deep cleaning, with confirmed COVID cases. We are **NOT** one of these and I want to briefly outline the process to you **IF** our school ever had to be closed to help with planning. When a school is closed, generally on short notice, no one is allowed onsite for any reason, including all staff and students.

COMPASS notifications and an SMS will be immediately sent out to ALL families. The timing of these might be less than ideal (some schools were sending these at 11pm) but they will be necessary to help keep our community informed and safe. Families of students registered for on-site supervision and care would need to make alternative arrangements for their child.

Their Care would not be in operation and their communications team would leap into action. Identified and reported cases of COVID-19 are lodged with the DET Emergency Management Team and DHHS staff and a case manager is allocated to each school. Once we have been contacted by our case manager, we will follow designated communication protocols and get all necessary information to you as soon as possible.

Most schools will be closed for 72 hours, depending on the trace information.

In an effort to keep our school and our community free of this virus we continue to practise appropriate social distancing and have daily temperature checks.

All staff on-site will continue to wear face coverings in all areas of the school when not teaching (for example, in the staffroom, on yard duty and when providing first aid or taking temperatures), and when travelling to and from school.

I am hopeful that we will not need to enact this process and we will remain free of this virus.

Reminder that those students who can't work from home need to have their On-site form completed and submitted **BY Thursday every week at 4pm**, so we can organise staffing as well as preparing the learning space that complies to COVID 19 regulations.

This week, for those students who required to be onsite, it was great watching them connect with each other outside in the glorious weather we have had this week. Pippa enjoyed frolicking with the students as well.



Staff News

The start of Term three saw some changes to our staffing list. We welcome back Ashlie Rich from Family Leave and Arran Armitage. They were to provide learning support across the school. Ashlie was to support students in 3-6 and Arran in the Prep -2. However, due to the second round of home learning they are supporting the onsite students.



Nearly three weeks ago, Saturday 18th July, Tom Scott became a proud daddy of a little boy named Ryan Jack Scott 1.428kg. Ryan's time to enter the world came much earlier than expected which certainly caught Tom and his wife Jane by surprise. Thankfully little Ryan is doing well, with Tom and Jane spending much of each day connecting with him. We look forward to the news when Ryan is allowed to be taken home.



School Facilities Update

At the end of the school holidays we had asbestos expert's onsite to remove asbestos in the storeroom in the Year Three and Their Care area, as well as the eaves around the main building. After the asbestos was removed, a team of builders reinstated the storeroom and its shelving. Once the new eaves were installed new light fixtures were installed which has improved the lighting around the building. Lesley our gardener, has been busy beautifying the garden areas of the school. She takes great pride in her efforts and goes above and beyond to make sure are school looks great. Thanks Lesley.



Mrs Bach and the Library team have been purchasing library furniture and books to make this space a great place for all to use when we are all finally able to return to onsite learning. I would like to take this opportunity to thank those parents who contributed to the Library Fund when paying their school fees. The ICT funds have allowed us to source 26 ipads that will be used in the Year One/Two area on their return.



So, please rest assured, that while you are having to remain at home due to COVID, we are continually preparing the buildings and learning spaces with resources and maintenance to support your child/ren education at Parktone.

2021 Enrolment

If there are siblings who are yet to enrol for Prep PLEASE do so ASAP. We would appreciate your help in communicating to friends and preschools/child care that enrolments are NOW DUE. The enrolment form is attached to the website and at the end of this document.

POSITIVE PARENTING

Families can now access free expert parenting advice through the online Triple P – Positive Parenting Program. The program is relevant to families with children between 2 and 16 years and provides strategies to deal with specific challenges, such as building children's resilience and dealing with conflict. There are courses specifically for parents of toddlers to tweens, and for parents of pre-teens to teens. It gives parents strategies to:

- raise happy, confident kids
- manage misbehaviour so everyone in the family enjoys life more
- set rules and routines that everyone respects and follows
- encourage positive behavior
- take care of themselves as a parent
- feel confident they're doing the right thing

Sign up to the Triple P program via their website. For more information, visit the Triple P – Positive Parenting Program, or contact Janice Robertson on: Email: janice.robertson@dhhs.vic.gov.au Phone: 03 9096 5016

Finally, I look forward to the day when we can all connect with each other onsite but until then, please stay safe and support each other.

Cheers
Genevieve

WHAT'S BEEN HAPPENING DURING REMOTE LEARNING



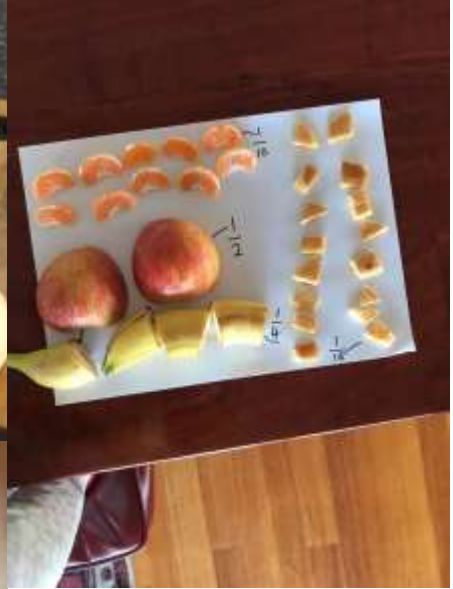
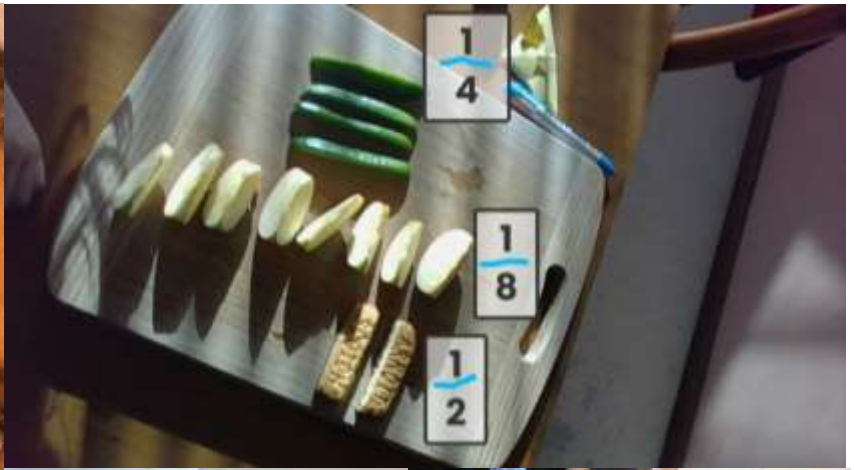
A HUGE THANK YOU TO RUTH EVANS FOR MAKING MASKS FOR OUR STAFF



ELIPINIKI GETTING CREATIVE MAKING FRACTIONS



MRS BAIN SEWING UP A STORM



**VISIONS OF OUR
POSITIVE
PARKTONE
COMMUNITY**

Home Learning Newsletter Edition 3- Question and Answer

After numerous recent conversations with Parktone Primary community members including parents, students, staff, as well as our colleagues from local schools, the leadership team have put together the below FAQs to ensure consistent messages are received by our school community. Whilst not an exhaustive list we hope it answers some of your most burning questions.

Q: Some days it is all just feels way too much, is it okay to take a day off from learning?

A: Absolutely. It is important that we consider all of our wellbeing needs at this time. If this means taking a day off from Home Learning, then simply communicate this with the classroom teacher.

Q: How much of the Daily Learning should my child be completing?

A: This depends on many factors

- 1) How the child and other family members are feeling on a particular day
- 2) Work commitments of parents
- 3) Family commitments

Once again, do your very best. We don't expect perfection but we hope that children engage in as much of the learning as they can. If they can give their very best in anything they do, then this is fantastic. We remind you all that now we have Swamps and Watering Holes to go to if students need extra support.

Q: I'm worried about the wellbeing of my child, what should I do?

Changes in your child's mood and behaviour are a normal part of growing up. Sometimes it can be difficult to know the difference between normal behaviour and potential mental health concerns. No one expects you to be an expert but there are things you might notice that indicate that extra support is needed. There might be changes in your child's emotions, behaviour and thinking that indicate they may need some extra help. You might notice:

- feelings of fear, anxiety and sadness and/or angry bursts
- withdrawal from friends, family and activities
- being low in energy
- difficulty going to sleep
- changes in appetite
- trouble concentrating
- negative thoughts that won't go away
- other changes in behaviour such as being more emotional or temper tantrums in younger children.

Cont.

Talk to your child

It can be hard to talk about mental health. Sometimes we are worried it might be upsetting or we are worried we might make things worse.

There is not a perfect way to start the conversation. What you say will depend on your child's age and their understanding. Try to use "I" statements like these:

- I've noticed that you seem to have a lot on your mind lately. I'm happy to talk or listen and see if I can help.
- It seems like you [haven't been yourself lately/have been up and down], how are things?
- You seem [anxious/sad], what is happening for you? We can work it out together.
- It's ok if you don't want to talk to me, you could talk to [trusted/known adult]. I will keep letting you know I love you and am concerned.

If your child opens to you:

- reassure them everything will be okay and that you're glad they are talking to you
- acknowledge that talking about personal thoughts and feelings can be hard
- ask what they need from you (although they might not know what they need)
- offer to help them find information and support.

For more tips on talking to your child, visit:

- Raising Children Network: [What can I say to start a conversation with my young person about their mental health?](#)
- Safe Minds: [Inquire tip sheet for families](#)
- Reach Out: [How to have a great conversation](#)

STUDENT ENROLMENT FORM

This form is designed to be used for enrolling students in Victorian government schools using CASE21.

Schools, please note:

It is imperative that any enrolment form the school provides to parents/guardians contains the questions marked with the symbol ◊ (and shaded yellow) exactly as they appear on this form. This is a requirement of the Commonwealth Government.

All schools across Australia are required to collect this information for all students. Critical to the success of this process is that all schools use the nationally consistent definitions for student background characteristic information exactly as they appear on this enrolment form. The data obtained from this process is linked to student results on national tests, aggregated, provided to the Ministerial Council on Education, Employment, Training and Youth Affairs and published in such publications as the National Report on Schooling in Australia. No individual student or school is identifiable through the published information. [Refer to Circular 291/2004 for more information.]

A copy of the School Enrolment Privacy Notice must be attached to this enrolment form before distribution to parents and guardians as this is a requirement of the Information Privacy Act. A template of the School Enrolment Privacy Notice is located at <https://edugate.eduweb.vic.gov.au/Services/privacy/Pages/resources.aspx>

Explanations of the Parental Occupation Group codes are included at the end of this document.

For additional forms including:

- Student enrolment form – alternative family
- Student enrolment form – additional family
- Student medical condition

go to:

<https://edugate.eduweb.vic.gov.au/Services/bussys/cases21/Forms/Forms/AllItems.aspx>

For conveyance application forms (that parents need to complete) and for school conveyance claim forms go to the Student Transport site:

www.education.vic.gov.au/management/schooloperations/studenttransport.htm

PARKTONE PRIMARY SCHOOL



STUDENT ENROLMENT INFORMATION – 20__	Computer Generated Student ID: _____
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STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

Surname:	Title: (Miss Ms, Mrs Mr)		
First Given Name:			
Second Given Name:			
Preferred Name (if applicable):			
<input checked="" type="checkbox"/> 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		

SIBLING DETAILS

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

List any other family members attending this school:		
CURRENT	Name Name Name	Grade Grade Grade
FUTURE	Name Name	Year Starting Year Starting

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):	
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 <input type="checkbox"/> Yes (please specify):		
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 <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below		
What is the level of the highest qualification the Adult A has completed? (tick one)		
<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification		
What is the occupation group of Adult A? Please select the appropriate parental occupation group from the attached list.		
• 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 paid work for the last 12 months, enter 'N'.		

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):	
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 <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below		
What is the level of the highest qualification the Adult B has completed? (tick one)		
<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification		
What is the occupation group of Adult B? Please select the appropriate parental occupation group from the attached list.		
• 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 paid work for the last 12 months, enter 'N'.		

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 notice:
Are you interested in being involved in school group participation activities? (e.g. 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:	
Billing Email	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Other (Please Specify)		

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)

☐ Always

 ☐ Mostly

 ☐ Balanced

 ☐ Occasionally

 ☐ Never

Send Correspondence addressed to: (tick one)

☐ Adult A

 ☐ Adult B

 ☐ Both Adults

 ☐ Neither

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 <input type="checkbox"/> State Arranged Out of Home Care # (See Note) <input type="checkbox"/> At home with ONE Parent/ Guardian <input type="checkbox"/> Homeless Youth <input type="checkbox"/> 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.

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:	

➤ 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="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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"/> Parenting Order <input type="checkbox"/> Informal Carer Stat Dec	<input type="checkbox"/> Parenting Plan <input type="checkbox"/> DHHS Authorisation <input type="checkbox"/> Intervention Order <input type="checkbox"/> Witness Protection Program Order <input type="checkbox"/> Protection 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)		If my child displays any of these symptoms please: (tick)	
<input type="checkbox"/> Cough		Inform Doctor	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Difficulty Breathing		Inform Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Wheeze		Administer Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Exhibits symptoms after exertion		Other Medical Action	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Tight Chest		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	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:			
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				

TRAVEL DETAILS FOR SPECIAL SCHOOLS

How will the student travel to school? (tick)			
<input type="checkbox"/> Walk	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Train	<input type="checkbox"/> Tram
<input type="checkbox"/> School Bus	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Public Taxi	<input type="checkbox"/> Driven by parent/carer
First date of travel? (tick)	<input type="checkbox"/> Next school year	Alternate date: (dd-mm-yyyy) ____ / ____ / ____	
Is the student applying to travel on a school bus or for other travel assistance? (tick)			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Type of travel assistance requested? (completion of additional form required)			
<input type="checkbox"/> Access to School Bus		<input type="checkbox"/> Conveyance Allowance	
If by School Bus, please advise local bus stop if known:			
Landmark:	Map Type:	X ____	Y ____
Assisted Mobility (If applicable):			
If applicable, specify the student's mode of assisted mobility.		<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Walker
Comments relevant to travel:			
Office Use Only:			
Can the student Individual Learning Plan (ILP) include travel training?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the student attending their nearest school?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student reside in Designated Transport Area (DTA) (if attending special school)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can the student be accommodated on existing route (if applicable)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pick-up Point:	Map Ref:	Time AM:	
Set Down Point:	Map Ref:	Time PM:	
NOTE: Students residing in Rural/Regional Victoria or attending special schools may be entitled to receive transport assistance. The Department may give access to a school bus service or pay a conveyance allowance to assist with the cost of travel. Information on eligibility and the application process can be obtained from the school.			

Thank you for taking the time to complete this Student Enrolment form. We understand that the information you have provided is confidential and will be treated as such, but the details are required to enable staff to properly enrol your child at our school.

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

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

CONSENT TO MEDICAL ATTENTION AND LOCAL EXCURSIONS

I give permission for my child to participate in local excursions where the children are able to walk to a venue e.g. Dolomore Reserve, Local Primary Schools, etc.

I give permission for the Principal or Delegate to administer such first aid as may be reasonably judged necessary.

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 Delegate of my child, where they are unable to contact me, or it is otherwise impracticable to contact me to:

- I consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner.

SIGNATURE(S) OF PARENT GUARDIAN _____

Date / /

Date / /

PERMISSION TO USE STUDENT PHOTOS AND WORK FOR PROMOTIONAL PURPOSES

During the school year there are many occasions and events where staff may photograph, film or record students participating in school activities and events. We do this for many reasons including to e.g. celebrate student participation and achievement, showcase particular learning programs, document a student's learning journey/camps/excursions/sports events etc., communicate with our parents and school community in newsletters and on classroom blogs/apps/website.

This applies to photographs, video or recordings of students that are collected, used and disclosed by the school.

- ☐ I do not consent to images/recordings of my child being collected or used by the school.
- ☐ I consent to my child's images/recordings being used within the school e.g. learning and teaching tools, on display around the school, class home communications etc...
- ☐ I consent to my child's images/recordings being used in publications/locations that are publicly accessible (e.g. newsletter on website, promotional material etc.)

SIGNATURE(S) OF PARENT/GUARDIAN _____

Date / /

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/sports persons 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)



2021 TRANSITION PROGRAM

For bookings please call 9580 1207

Below are the transition sessions on offer for both enrolled students and those considering enrolment in 2021. These colours indicate the suggested participation for each session.

Optional

Encouraged

Strongly Encouraged

Date	TIME	SESSION
Wednesday 12 th August	9:30am- 10:30am	<u>Open Orientation Session- for all enrolled students and those considering enrolment in 2021</u> Students will spend the hour exploring the Prep classroom and participating in guided activities. A morning tea for parents/caregivers will be provided in the staffroom.
Wednesday 9 th September	9:30am- 10:30am	<u>Open Orientation Session- for all enrolled students and those considering enrolment in 2021</u> Students will spend the hour exploring the Prep classroom and participating in guided activities. A morning tea for parents/caregivers will be provided in the staffroom.
Wednesday 21 st October	9:30am- 11:30am	<u>Transition Session for Enrolled Students- Meet the Specialist Teachers</u> Students will spend the hour meeting the Specialist Teachers (Art, STEAM, PE, Japanese) and participating in guided activities under the supervision of the Prep Teachers. These sessions are reserved for confirmed enrolments only. Parents will say goodbye to their children at 9:30am and collect them at the conclusion of the session.
Wednesday 11 th November	9:30am- 11:30am	<u>Transition Session for Enrolled Students- Literacy & Numeracy Based Activities</u> 2020 teachers and students will build relationships in preparation for the new year. These sessions are reserved for confirmed enrolments only. Parents will say goodbye to their children at 9:30am and collect them at the conclusion of the session.
Wednesday 25 th November	9:30am- 12:30pm	<u>Transition Session for Enrolled Students- Half Day Program</u> Today the children will experience the routine of a school day with their 2021 class and teacher. Please pack a snack, drink bottle and hat.
Wednesday 25 th November	7:00pm- 8:00pm	<u>2020 Prep Parents Information Night</u>



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ABOUT US

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