

Enrolment at Riddells Creek Primary School

To start primary school your child must turn five years of age, or older, by 30 April of the year that they will start school. Your child must be at school in the year that they turn six years of age - this is the compulsory school starting age.

To enrol a student at our school, Riddells Creek Primary School will need to be your designated neighbourhood school. Use findmyschool.vic.gov.au to search for your local government school. This is the official and most up to date school zones map. (If your child is already enrolled at a school and your local zone changes, you do not need to re-enrol at another school.)

Enrolment checklist for Parents: Please ensure you have completed all forms and provided the documentation listed below when enrolling your child.

- Enrolment form completed and signed by parent/guardian
- Proof of identification and name (original must be sighted)
Australian-born: Birth Certificate Non Australian-born: Passport
- Proof of Residency (Rates notice/utility bill, ect)
- Names and addresses of the child and parents, guardians and carers
- Parents' phone numbers (home, work, mobile) and email addresses
- Names and contact details of emergency contacts
- Doctor's name and phone number
- Immunisation Status Certificate (from the Australian Immunisation Register)
- Medical Information (eg: Anaphylaxis Action Plan, Asthma Action Plan, Allergy Action Plan)
- Current Court Orders (if applicable)
- Visa Grant Notice and passport (if applicable)

Please go to our website www.rcps.vic.edu.au to see our Parent Tour dates, a virtual tour of the school and transition dates. There is also a link to our School Calendar.

With Regards,

Sally Curmi
Principal
Riddells Creek Primary School

STUDENT ENROLMENT FORM

DEPARTMENT OF EDUCATION AND TRAINING
ENROLMENT FORM PRIVACY COLLECTION NOTICE INFORMATION FOR PARENTS

The Enrolment Form asks you for personal and health information about your child, you and your family. This information is collected to enable our school to educate your child and support your child's social and emotional wellbeing and health. Our school is also required by legislation, such as the Education and Training Reform Act 2006, to collect some of this information.

Our school relies on you to provide health information about any medical condition or disability that your child has, medication your child may take while at school, any known allergies and contact details of your child's doctor. If you do not provide all relevant health information, this may put your child's health at risk.

Our school requires current, relevant information about all parents, guardians and carers so that we can take account of family arrangements. Please provide our school with copies of all current parenting plans AND court orders regarding parenting arrangements. Please provide copies of court orders or plans when they change. If you wish to discuss any matters regarding family arrangements in confidence, please contact the principal.

Protecting your privacy and sharing information

The information about your child and family collected through this Enrolment Form will only be shared with school staff who need to know to enable our school to educate or support your child, or to fulfil legal requirements including duty of care, antidiscrimination law and occupational health and safety law. The information collected will not be disclosed beyond the Department of Education and Training without your consent, unless this is required or permitted by law. For more about information-sharing and privacy, see our school's privacy policy on our website.

Emergency contacts

Emergency contacts are those people you nominate for the school to contact during an emergency. Please ensure your nominated emergency contact agrees to you providing their contact details to our school and that they have read the paragraph above. It is important that you inform them that their contact details may be disclosed beyond the Department if this is required or permitted by law.

Student background information

The enrolment form requests information about country of birth, Aboriginal or Torres Strait Islander heritage, language spoken at home and parent occupation. This information enables the Department to allocate appropriate resources to our school. The Department also uses this information to plan for future educational needs in Victoria and shares some information with the Commonwealth government to monitor, plan and allocate resources.

Immunisation status

Your child's immunisation status assists our school to manage health risks for children. The Department may also provide this information to the Department of Health and Human Services to assess immunisation rates in Victoria, but not in a way which identifies you.

Visa status

Our school also requires this information to process your child's enrolment. Updating your child's personal and health information Please inform our school if there are any updates to any of the personal or health information you provide on the Enrolment Form. Please visit the school office, contact us on 03 5428 7277 or email us at: riddells.creek.ps@education.vic.gov.au to update any information.

Accessing your child's records

Our school provides ordinary school communications and school reports to students and parents, guardians and carers who have legal decision-making responsibility for the student. Requests for any other type of student records may be made through a Freedom of Information (FOI) application. Please contact our school and we can advise you how to do this.

Student transfers between Victorian government schools

When our students transfer to another Victorian government school, our school may transfer the student's personal and health information to that next school. This may include copies of student's school records, including any health information. Transferring this information assists the next school to provide the best possible education and support to students.

Please contact the school office for additional forms including:

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

Our school values the privacy of every person. When collecting and managing personal and health information, all school staff must comply with Victorian privacy law. For more information about privacy including about how to access personal and health information held by the school about you or your child, see our school's privacy policy:

<https://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx>

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

<https://www2.education.vic.gov.au/pal/conveyance-allowance/policy>

STUDENT ENROLMENT INFORMATION 2023

Computer Generated Student ID: _____

STUDENT DETAILS

Surname:		Title: (Miss, Mr)	
First Given Name:			
Second Given Name:			
Preferred Name:			
❖ Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> _____ (fill in blank)
List any other family members attending RCPS	Birth Date: Original Birth Certificate/Passport must be sighted		___ / ___ / ___

PRIMARY FAMILY HOME ADDRESS:

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

PRIMARY FAMILY MAILING ADDRESS:

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

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

OFFICE USE ONLY

Child's Name and Birth Date proof sighted (tick)		Enrolment Date	
Parental Occupation Codes Confirmed? (tick)		Year Level	
Proof of Residency Sighted? (tick)		House	
AIR Immunisation Certificate received?: (tick)	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete	Home Group	
Is there a Medical Alert for the student?		Compass Login	
Disability ID Number? (tick)		Date Emailed	
Authority to Publish		Hat	

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):

Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____ fill in blank
Title: (Ms, Mrs, Mr, Mx, 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 <u>paid</u> work for the last 12 months, enter 'N'. <input type="checkbox"/>

ADULT B DETAILS:

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____ fill in blank
Title: (Ms, Mrs, Mr, Mx, 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 <u>paid</u> work for the last 12 months, enter 'N'. <input type="checkbox"/>

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

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"/> Bicycle

PRIMARY FAMILY CONTACT DETAILS

ADULT A CONTACT DETAILS:

During 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:		
Mobile Number		

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)		
<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Phone
Email address:		
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ADULT B CONTACT DETAILS:

During 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:		
Mobile Number		

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)		
<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Phone
Email address:		
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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			
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 Daytime	Mobile Number
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"/> Foster Parent <input type="checkbox"/> Friend	<input type="checkbox"/> Step-Parent <input type="checkbox"/> Host Family <input type="checkbox"/> Self	<input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Relative <input type="checkbox"/> Other
Relationship of Adult B to Student: (tick one)	<input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Friend	<input type="checkbox"/> Step-Parent <input type="checkbox"/> Host Family <input type="checkbox"/> Self	<input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Relative <input type="checkbox"/> Other
The student lives with the Primary Family: (tick one)			
<input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced <input type="checkbox"/> Occasionally <input type="checkbox"/> Never			
Send Correspondence addressed to: (tick one)	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both Adults <input type="checkbox"/> Neither

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
Is the student a young carer (providing support/care for other family member/s)? (tick one)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
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	

SCHOOL DETAILS

Date of first enrolment in an Australian School:	____ / ____ / ____	(Info for Preps not required. Please go to next question and state which kindergarten/childcare the prep attends)
Name of previous School/Kinder:		
Years of previous education:	Language of previous education?	
Does the student have a Victorian Student Number (VSN)?		
Please specify: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes, but the VSN is unknown	<input type="checkbox"/> No. The student has never been issued a VSN.
Years of previous 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	

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"/> Parenting Plan
	<input type="checkbox"/> Informal Carer Stat Dec	<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:		

STUDENT MEDICAL DETAILS

CONDITIONS SUCH AS ASTHMA, ALLERGIES OR ANAPHYLAXIS REQUIRE AN EMERGENCY ACTION PLAN TO BE COMPLETED.

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"/> Sick Bay Staff <input type="checkbox"/> Teacher <input type="checkbox"/> Other			
Medication is stored: (tick) <input type="checkbox"/> with Student <input type="checkbox"/> Sick Bay <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"/> Sick Bay Staff <input type="checkbox"/> Teacher <input type="checkbox"/> Other			
Medication is stored: (tick) <input type="checkbox"/> With Student <input type="checkbox"/> Sick Bay <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	

ACCIDENT

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: ____ / ____ / ____

Print Name: _____

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: _____ / _____ / _____

Print Name _____

PARENTAL OCCUPATION GROUP CODES

On page 3 of this document we request the Occupational Group of Adult A and Adult B, these questions are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information. Like all government schools, a component of our government funding is based on parent occupation.

Each year a number of significant assumptions are made by the Department of Education and Training (DET) based on this information.

This information is strictly confidential and is only collected to provide a statistical number to the government so we can receive additional funding.

Please do not overstate your occupation, as this could adversely affect the amount of funding we receive. The amount of funding we receive determines the quality of resources and educational programs we are able to provide for our students.

For example: If you have a small family landscape business which uses trucks and bobcats, you should nominate Occupation D (machine operators) not Occupation B (Business Manager).

It's also important to differentiate between your "training" and your work.

For example: An accountant who runs a retail outlet should be selecting Occupation B (Business Manager) rather than Occupation A (Professional).

Accuracy is important (hence the coding assistance) however whenever any doubt occurs please make a conservative judgement.

Please note it is vital that we know for school funding purposes your actual occupation and not that you are a business owner. All information is strictly confidential.

Our school is disadvantaged by upgrading your employment status.

Explanations of the Parental Occupation Group codes are included below. These codes are used to determine funding allocations to school so need to be as accurate as possible

Please note:

GROUP N: Unemployed for more than 12 months. If you are not currently in paid work but have had a job in the last 12 months, or have retired in the last 12 months, please use your last occupation to select from the list. If you have not been in paid work for the last 12 months, enter 'N' into the 'occupation code' field on the enrolment

PARENTAL OCCUPATION GROUP CODES

The codes outlined below are to be used when providing family occupation details for enrolled students. This information is used for determining funding allocations to schools.

GROUP A Senior management in large business organisation, government administration and defence, and qualified professionals

Senior Executive / Manager / Department Head in industry, commerce, media or other large organisation

Public Service Manager (Section head or above), regional director, health / education / police / fire services administrator

Other administrator (school principal, faculty head / dean, library / museum / gallery director, research facility director)

Defence Forces Commissioned Officer

Professionals - generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others:

- *Health, Education, Law, Social Welfare, Engineering, Science, Computing* professional
- *Business* (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)
- *Air/sea transport* (aircraft / ship's captain / officer / pilot, flight officer, flying instructor, air traffic controller)

GROUP B Other business managers, arts/media/sportspersons and associate professionals

Owner / Manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

Specialist Manager (finance / engineering / production / personnel / industrial relations / sales / marketing)

Financial Services Manager (bank branch manager, finance / investment / insurance broker, credit / loans officer)

Retail sales / Services manager (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)

Arts / Media / Sports (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official)

Associate Professionals - generally have diploma / technical qualifications and support managers and professionals:

- *Health, Education, Law, Social Welfare, Engineering, Science, Computing* technician / associate professional
- *Business / administration* (recruitment / employment / industrial relations / training officer, marketing / advertising specialist, market research analyst, technical sales representative, retail buyer, office / project manager)
- *Defence Forces* senior Non-Commissioned Officer

GROUP C Tradesmen/women, clerks and skilled office, sales and service staff

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group

Clerks (bookkeeper, bank / PO clerk, statistical / actuarial clerk, accounting / claims / audit clerk, payroll clerk, recording / registry / filing clerk, betting clerk, stores / inventory clerk, purchasing / order clerk, freight / transport / shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)

Skilled office, sales and service staff:

- *Office* (secretary, personal assistant, desktop publishing operator, switchboard operator)
- *Sales* (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)
- *Service* (aged / disabled / refuge / child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

GROUP D Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production / processing machinery and other machinery operators

Hospitality staff (hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper)

Office assistants, sales assistants and other assistants:

- *Office* (typist, word processing / data entry / business machine operator, receptionist, office assistant)
- *Sales* (sales assistant, motor vehicle / caravan / parts salesperson, checkout operator, cashier, bus / train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker)
- *Assistant / aide* (trades' assistant, school / teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum / gallery attendant, usher, home helper, salon assistant, animal attendant)

Labourers and related workers

- *Defence Forces* - ranks below senior NCO not included above
- *Agriculture, horticulture, forestry, fishing, mining worker* (farm overseer, shearer, wool / hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/ logging worker, miner, seafarer / fishing hand)
- *Other worker* (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)



Local Excursion Consent Form

Your permission is for the current year only

In 2023 Riddells Creek Primary School may take students outside of school grounds to undertake educational activities in the local area. The purpose of this form is to obtain parent/carer consent for local excursions during 2023. This form does NOT provide consent for excursions that go beyond the local area.

Local Excursions

Local excursions are excursions to locations within walking distance of the school and do not involve 'Adventure Activities'.

Local excursions that your child may participate in could include:

- A walk to Dromkeen
- A walk to the park
- A Physical Education lesson at the Leisure Centre (incl Tennis Courts).
- A Science lesson at the creek

Notification of Local Excursions

Riddells Creek Primary School will NOT seek further consent from you before local excursions take place. However, we will provide advance notice to parents/carers of upcoming local excursions through the school newsletter/class notes/Compass.

For local excursions that occur on a recurring basis, Riddells Creek Primary School will notify parents/carers once only prior to the commencement of the recurring event, eg; weekly sports lessons at the local oval.

Please keep the school informed of any updated contact details to ensure you receive these notifications.

First Aid and Medical Attention

Where necessary, school staff will administer first aid. School staff will also seek emergency medical attention for your child if it is considered reasonably necessary. Any costs associated with student injury rest with parents/carers unless the Department of Education and Training is liable in negligence (liability is not automatic).

Accident and ambulance cover

The Department of Education and Training does not provide student accident insurance or ambulance cover. Parents may wish to obtain this cover, depending on their health insurance arrangements and any other personal considerations.

Parent/carer consent for local excursions in 2023

I have read all of the above information in relation to local excursions. I understand that:

- to ensure the school has up-to-date health and contact information including emergency contacts about my child, I need to inform the school if this information changes.
- the school will notify me prior to a local excursion(s) taking place
- I may withdraw my consent for any/all local excursions at any time prior to the day of the excursion by contacting the school.

I give permission for my child _____ (full name)

in Year level _____ to attend local excursions in 2023.

Parent/carer: _____ (full name)

Signature _____ Date _____

Parental/Guardian Authorisation and Consent

Your Permission is for the duration of your child's time at
Riddells Creek Primary School. Please circle.

<p>Media Consent Riddells Creek Primary School integrates the Victorian Curriculum with 21st Century learning focussing on collaboration, creativity, real world problem solving, communication, knowledge construction, and self-regulation. The school takes photographs, videos and sound recordings of students and their work. Student learning in the form of sound recordings, video recordings, artistic work and written work will also be stored and published electronically and in print. These will be made for the following purposes:</p> <ul style="list-style-type: none"> • To record, assess and report on student learning; this will occur on the school's learning management system (Compass and SeeSaw) and in the school's Google Apps for Education account (including Google Drive) as well as other educational websites • Public relations, promotion, advertising, media and commercial activities. This includes the internet and video publishing websites. Our school policy on video sharing is that videos are public but unlisted. • To celebrate important events (such as the school production). <p>I give permission for my child's photograph and achievements being published.</p>	Yes	No
<p>Internet Permission I understand that access to the internet facilities at Riddells Creek Primary School is a privilege. I give permission for my child to use the internet appropriately for educational purposes. Inappropriate use will result in loss of that privilege. I understand that that staff at RCPS will endeavour to keep the school as a safe learning environment.</p>	Yes	No
<p>PG Rated Movies There will be occasions when we will show students programs and films to support their learning. Students may view the film adaptation of a book they have read, or view a documentary about an issue we are learning about. We anticipate that some of these programs will have a PG rating; Department of Education policy states that parental permission is required before we show a PG program. I give permission for my child to watch PG rated programs.</p>	Yes	No
<p>Head Lice I give permission for my child's hair to be inspected for Head Lice by selected school staff and/or Council Nurses.</p>	Yes	No
<p>Food Sharing Your child may be involved in food sharing activities or celebrations. If you need to bring some food to school to celebrate and share, we ask that all the ingredients be clearly listed. I give my child permission to participate in food sharing activities.</p>	Yes	No

I agree to the above and certify that the information contained within this form is correct

Student's Name: _____

Parent/Guardian Full Name: _____

Signature of Parent/Guardian: _____

Date: _____