

Rowville Primary School Student Enrolment Form at September 2020

 Paratea Drive (P.O. Box 2439), Rowville Victoria 3178 **Phone: 03 9764 1955** Fax: 03 9763 8658

 Email: rowville.ps@education.vic.gov.au Website: [www.rowvilleps.vic.edu.au](file:///%5C%5C5000AFS01%5CUsers%5CRPS%20OFFICE%5C000%20-%20WORK%20FROM%20HOME%20-%20000%5CDocs%20to%20be%20printed%5CSue%5Cwww.rowvilleps.vic.edu.au)

 **DET International CRICOS code - 00861K**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Year of Enrolment – 20\_\_ | Computer Generated Student ID: |  |  |  |  |  |  |  |

# Student Details - *Please provide birth certificate and immunisation certificate*

## Personal Details of Student

|  |  |  |  |
| --- | --- | --- | --- |
| Surname**:** |  | Title: (Miss Ms, Mrs, Mx, Mr) |  |
| First Given Name: |  |
| Second Given Name: |  |
| Preferred Name (if applicable): |  |
| ❖Gender |  🞎 Male 🞎 Female  | 🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (fill in blank) |
| Student Mobile Number: |  | Birth Date: (dd-mm-yyyy) | \_\_\_ / \_\_\_ / \_\_\_ |

 **Has your child had any assessments in the following? (please tick) and provide reports:**

 🞎 Speech 🞎 Psychology 🞎 Vision 🞎 Hearing

 Reports provided 🞎yes Date:…….................... to………………………………………… 🞎no

### Primary Family Home Address:

|  |  |
| --- | --- |
| No. & Street: or PO Box details |  |
| Suburb: |  |
| State: |  | Postcode: |  |
| Telephone Number: |  | Silent Number: (tick) | 🞎 Yes | 🞎 No |
| Mobile Number: |  | Fax Number: |  |

#### OFFICE USE ONLY

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

# Family Details

|  |
| --- |
| List any other family members attending this school: |
|  |

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

**DEPARTMENT OF EDUCATION AND TRAINING**

**PRIVACY COLLECTION STATEMENT - Enrolment Information for parents and carers**

The Enrolment Form asks you for personal and health information about your child 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 collectsome 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 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 obligations including duty of care, anti-discrimination 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 such disclosure is lawful. For more about information-sharing and privacy, see our school’s privacy policy: <https://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx>

**Our school’s use of online tools (including apps and other software) to collect and manage information**

Our school may use online tools, such as apps and other software, to effectively collect and manage information about your child for teaching and learning purposes, parent communication and engagement; student administration; and school management purposes. When our school uses these online tools, we take steps to ensure that your child’s information is secure. If you have any concerns about the use of these online tools, please contact us.

**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 lawful.

**Student background information**The enrolment form requests information about country of birth, aboriginality, 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, and when, there are any updates to any of the personal or health information you provide on the Enrolment Form.

**Accessing your child’s records**Our school provides ordinary school communications and school reports to students and parents 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 will 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 assist the next school to provide the best possible education and support to students.

## 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 : | 🞎 Male  | 🞎 Female 🞎\_\_\_\_\_\_\_\_\_\_\_ 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? |
| 🞎 **Australia** | 🞎 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) |
| * No, English only
* Yes (please specify):
 |
| Please indicate any additional languages spoken by Adult A: |  |
| Is an interpreter required? (tick) | 🞎 Yes | 🞎 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’.) |
| 🞎 Year 12 or equivalent |
| 🞎 Year 11 or equivalent |
| 🞎 Year 10 or equivalent |
| 🞎 Year 9 or equivalent or below |
| ❖What is the level of the *highest* qualification the Adult A has completed? (tick one) |
| 🞎 Bachelor degree or above |
| 🞎 Advanced diploma / Diploma |
| 🞎 Certificate I to IV (including trade certificate) |
| 🞎 No non-school qualification |
| **Does Adult A hold a current Working With Children Check?**🞎 Yes 🞎 No If yes, please provide copy to school office  |
| ❖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:

|  |  |  |
| --- | --- | --- |
| Gender: | 🞎 Male | 🞎 Female 🞎\_\_\_\_\_\_\_\_\_\_\_ 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? |
| 🞎 **Australia** | 🞎 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) |
| * No, English only
* Yes (please specify):
 |
| Please indicate any additional languages spoken by Adult B: |  |
| Is an interpreter required? (tick) | 🞎 Yes | 🞎 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’.) |
| 🞎 Year 12 or equivalent |
| 🞎 Year 11 or equivalent |
| 🞎 Year 10 or equivalent |
| 🞎 Year 9 or equivalent or below |
| ❖ What is the level of the *highest* qualification the Adult B has completed? (tick one) |
| 🞎 Bachelor degree or above |
| 🞎 Advanced diploma / Diploma |
| 🞎 Certificate I to IV (including trade certificate) |
| 🞎 No non-school qualification |
|  **Does Adult B hold a current Working With Children Check?**🞎 Yes 🞎 No If yes, please provide copy to school office |
| ❖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’.
 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 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)  | 🞎 Adult A | 🞎 Adult B | 🞎 Both | 🞎 Neither |

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

## Primary Family Contact Details

### Adult A Contact Details:

###### Business Hours:

|  |  |  |
| --- | --- | --- |
| Can we contact Adult A at work? (tick) | 🞎 Yes | 🞎 No |
| Is Adult A usually home during business hours? (tick) | 🞎 Yes | 🞎 No |
| Work Telephone No: |  |
| Other Work Contact information: |  |

###### After Hours:

|  |  |  |
| --- | --- | --- |
| Is Adult A usually home AFTER business hours? (tick) | 🞎 Yes | 🞎 No |
| Home Telephone No: |  |
| Other After Hours Contact Information: |  |
| Mobile No: |  |
| SMS Notifications:  | 🞎 Yes | 🞎 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.) |
| 🞎 Mail | 🞎 Email  | 🞎 Phone | 🞎 Facsimile |
| Email address: |  |
| Email Notifications:  | 🞎 Yes | 🞎 No |
| Fax Number: |  |

### Adult B Contact Details:

###### Business Hours:

|  |  |  |
| --- | --- | --- |
| Can we contact Adult B at work? (tick) | 🞎 Yes | 🞎 No |
| Is Adult B usually home during business hours? (tick) | 🞎 Yes | 🞎 No |
| Work Telephone No: |  |
| Other Work Contact information: |  |

###### After Hours:

|  |  |  |
| --- | --- | --- |
| Is Adult B usually home AFTER business hours? (tick) | 🞎 Yes | 🞎 No |
| Home Telephone No: |  |
| Other After Hours Contact Information: |  |
| Mobile No: |  |
| SMS Notifications:  | 🞎 Yes | 🞎 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.) |
| 🞎 Mail | 🞎 Email  | 🞎 Phone | 🞎 Facsimile |
| Email address: |  |
| Email Notifications:  | 🞎 Yes | 🞎 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: |  |

\*\* If Parent / Carers have different residential addresses, please ask the office staff for an alternate family form which can be completed and returned to the office.\*\*

### Primary Family Doctor Details:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Doctor’s Name |  | Individual or Group Practice: (tick) | 🞎 Individual | 🞎 Group |
| No. & Street or PO Box No.: |  |
| Suburb: |  |
| State: |  | Postcode: |  |
| Telephone Number |  | Fax Number |  |
| Current Ambulance Subscription: (tick) | 🞎 Yes | 🞎 No | Medicare Number: |  |

## Primary Family Emergency Contacts:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Relationship | Telephone Contact | Language Spoken |
|  |  | (Neighbour, Relative, Friend or Other) |  | (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  | 🞎 Adult A 🞎 Adult B  | 🞎 Other (Please Specify) |

## Other Primary Family Details

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

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

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

## Demographic Details of Student

|  |
| --- |
| ❖ In which country was the student born? |
| 🞎 Australia | 🞎 Other (please specify): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of arrival in Australia OR Date of return to Australia: (dd-mm-yyyy) |  \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ |
| What is the Residential Status of the student? (tick) | 🞎 Permanent | 🞎 Temporary  |
| Basis of Australian Residency: |
| 🞎 Eligible for Australian Passport | 🞎 Holds Australian Passport |
| 🞎 Holds Permanent Residency Visa |
| Visa Sub Class: (please provide copy) |  | Visa Expiry Date: (dd-mm-yyyy) | \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ |
| Visa Statistical Code: (Required for some sub-classes) |  |
| International Student ID :(Not required for exchange students) |  |
| ❖ Does the student speak a language other than English at home? (tick) ( If more than one language is spoken at home, indicate the one that is spoken most often) |
| 🞎 No, English only | 🞎 Yes (please specify): |
| Does the student speak English? (tick) | 🞎 Yes | 🞎 No |
| ❖Is the student of Aboriginal or Torres Strait Islander origin? (tick one) |
| 🞎 No | 🞎 Yes, Aboriginal  |
| 🞎 Yes, Torres Strait Islander | 🞎 Yes, Both Aboriginal & Torres Strait Islander |
|  |  |
| Is the student a young carer (providing support/care for other family member/s)? (tick one) |
| 🞎 No | 🞎 Yes  |
| What is the student’s living arrangements? (tick one): |
| 🞎 At home with TWO Parents/ Guardians | 🞎 State Arranged Out of Home Care # (See Note) |
| 🞎 At home with ONE Parent/ Guardian | 🞎 Homeless Youth |
| 🞎 Independent |  |

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

|  |  |  |
| --- | --- | --- |
| Beginning of journey to school: | Map Type | Melway / VicRoads / Country Fire Authority / Other |
| Map Number |  | X Reference |  | Y Reference |  |
| Usual mode of transport to school: (tick) |
| 🞎 Walking | 🞎 School Bus | 🞎 Train | 🞎 Driven | 🞎 Taxi |
| 🞎 Bicycle | 🞎 Public Bus | 🞎 Tram | 🞎 Self Driven | 🞎 Other |
|  | 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 Primary School: |  |
| Name of Kindergarten/Early Learning Centre – Foundation students only …………………………………………………………Group name………………………………………………………………… |  |
| 🞎 Yes (please tick) I give permission for my child’s previous school (Victorian Government school) to provide reports to Rowville Primary School. Parent’s/Carer’s Signature**:……………..……..…………………………………………….** |  |
| Years of previous education: |  | What was the language of the student’s previous education? |  |
| Does the student have a Victorian Student Number (VSN)? |
| * Yes.

Please specify:🞎🞎🞎🞎🞎🞎🞎🞎🞎 | * Yes, but the VSN is unknown
 | 🞎 No. The student has never been issued a VSN. |
| Years of interruption to education: |  | Is the student repeating a year? (tick) | 🞎 Yes | 🞎 No |
| Will the student be attending this school full time? (tick) | 🞎 Yes | 🞎 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: | 🞎 Yes | 🞎 No |
| Other school Name: |  | Time fraction: | 0. | Enrolled: | 🞎 Yes | 🞎 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 Library for more information <https://www2.education.vic.gov.au/pal/enrolment/policy>

|  |
| --- |
| Enrolment conditions - |

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|  |  |  |
| --- | --- | --- |
| Has the documentation been provided and retained on school records? | 🞎 Yes |  🞎 No |
| Have the conditions been met to complete the enrolment? | 🞎 Yes |  🞎 No |

## Student Access or Activity Restrictions Details

|  |  |  |
| --- | --- | --- |
| Is the student at risk? | 🞎 Yes | 🞎 No |
| Is there an Access Alert for the student? (tick) | 🞎 Yes (If Yes, then complete the following questions and present a current copy of the document to the school.) | 🞎 No (If No, move to the immunisation / medical condition details questions.) |
| Access Type: (tick) | 🞎 Parenting Order | 🞎 Parenting Plan | 🞎 Intervention Order | 🞎 Protection Order |
|  | 🞎 Informal Carer Stat Dec | 🞎 DHHS Authorisation | 🞎 Witness Protection Program Order | 🞎 Other |
| Describe any Access Restriction: |  |
| Is there an Activity Alert for the student? (tick) | 🞎 Yes | 🞎 No |
| If Yes, then describe the Activity Restriction: |  |

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|  |  |  |
| --- | --- | --- |
| Current custody document placed on student file? | 🞎 Yes |  🞎 No |

## Student Medical Condition Details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Does the student suffer from any of the following impairments? (tick) | Hearing: | 🞎 Yes | 🞎 No | Vision | 🞎 Yes | 🞎 No |
| Speech:  | 🞎 Yes | 🞎 No | Mobility: | 🞎 Yes | 🞎 No |
| Does the student suffer from Asthma? (tick) If No, please go to the Other Medical Conditions section | 🞎 Yes | 🞎 No |

### Asthma Medical Condition Details: *student must have their own medication and spacer*

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) |
| 🞎 Cough | Inform Doctor | 🞎 Yes | 🞎 No |
| 🞎 Difficulty Breathing | Inform Emergency Contact | 🞎 Yes | 🞎 No |
| 🞎 Wheeze | Administer Medication | 🞎 Yes | 🞎 No |
| 🞎 Exhibits symptoms after exertion | Other Medical Action | 🞎 Yes | 🞎 No |
| 🞎 Tight Chest | If yes, please specify: |  |
| Has an Asthma Management Plan been provided to School? Copy of plan within this document. | 🞎 Yes | 🞎 No |
| Does the student take medication? (tick) | 🞎 Yes | 🞎 No | Name of medication taken: |  |
| Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick) | 🞎 Preventative | 🞎 Response |
| Indicate the usual dosage of medication taken: |  | Indicate how frequently the medication is taken: |  |
| Medication is usually administered by: (tick) | 🞎 Student | 🞎 Nurse | 🞎 Teacher | 🞎 Other |
| Medication is stored: (tick) | 🞎 with Student | 🞎 with Nurse | 🞎 Fridge in Staff Room | 🞎 Elsewhere |
| Dosage time |  | Reminder required? (tick) | 🞎 Yes | 🞎 No | Poison Rating |  |

### Other Medical Conditions

 (Medical condition & Medication forms are available on request from the school office)

|  |  |  |
| --- | --- | --- |
| Does the student have any other medical condition? (tick) If yes, please provide further details.***It is imperative that we have information of any allergy for the Stephanie Alexander Kitchen Garden program.***  | 🞎 Yes | 🞎 No |
| **Condition:** |  |
| **Symptoms:** |  |
| If my child displays any of the symptoms above please: (tick) |
| Inform Doctor | 🞎 Yes | 🞎 No | Inform Emergency Contact | 🞎 Yes | 🞎 No |
| Administer Medication | 🞎 Yes | 🞎 No | Other Medical Action | 🞎 Yes | 🞎 No |
|  | If yes, please specify: |  |
| Does the student take medication? (tick) | 🞎 Yes | 🞎 No | Name of medication taken: |  |
| Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick) | 🞎 Preventative | 🞎 Response |
| Indicate the usual dosage of medication taken: |  | Indicate how frequently the medication is taken: |  |
| Medication is usually administered by: (tick) | 🞎 Student | 🞎 First Aid Officer |  🞎Teacher |  🞎 Other |
| Medication is stored: (tick) | ***Only Asthma medication can be stored with student*** |  🞎 First Aid  Officer |  🞎 Fridge in First Aid |  🞎 Elsewhere |
| Dosage time |  | Reminder required? (tick) | 🞎 Yes | 🞎 No | Poison Rating |  |

**Student Dietary Requirements**

|  |
| --- |
| **Are there any foods that your child cannot eat for medical, cultural or religious reasons?  *It is imperative that we have information of any dietary requirements for the Stephanie Alexander Kitchen Garden program.***🞎Yes 🞎No **If yes, please provide details:** |

# STUDENT MEDICAL INFORMATION

# Management of students with asthma or breathing difficulties: it is important to read this section even if your child does not have asthma

Accompanying this enrolment form is an Asthma Management Plan. Please complete this if your child suffers from asthma and have this form signed by your family doctor. Should your child develop Asthma during his/her schooling, an Asthma Management Plan can be obtained from the office at any time.

**It is now mandated by Asthma Australia and the Department of Education and Training that students must have their own puffer and spacer.** The school is not permitted to provide these to students. If you do not provide an Asthma Management Plan the school reserves the right to administer the standard Victorian Schools Asthma Policy for Asthma First Aid, which is (student’s own) reliever delivered via spacer – 1 puff / 4 breaths, repeat until 4 puffs have been given. Wait 4 minutes, if no improvement repeat this process. If following two cycles of this treatment there is no improvement an ambulance is immediately called. For this reason it is important to inform parents that children should be covered for Ambulance Transport by way of Health Care Card, Ambulance Subscription or Private Health Insurance as the school reserves the right to call an ambulance if deemed necessary.

# Student Medical Details

If your child requires medication at school on a regular basis, please complete the Student Medical Details on the previous page and request a Medical Condition Form and Medication Authority Form from the office staff. This is to be completed and signed by your child’s doctor and returned to the school together with the medication in its original packaging. Please note that the school does not supply medication to students

**\*\*Occasional student medication (other than asthma medication) must be delivered to the office before school or handed to the teacher in charge prior to an excursion, clearly labelled with your child’s name and grade, together with an occasional medication form (available from the office) detailing date for administration, dosage, time and when last dose was administered.\*\***

## 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) | 🞎 Individual | 🞎 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 | Language Spoken | Telephone Contact |
|  |  | (Neighbour, Relative, Friend or Other) | (If English Write “E”) |  |
| 1 |  |  |  |  |
| 2 |  |  |  |  |

# 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





**HEAD LICE INSPECTION PROGRAM PERMISSION (please tick)**

**❑ I give consent** for my child to participate in the school’s head lice inspection program for the duration of their enrolment at Rowville Primary School.

**❑ I do not give consent** for my child to participate in the school’s head lice inspection program for the duration of their enrolment at Rowville Primary School.

**PUBLICITY PERMISSION (please tick)**

**❑ I give** **permission** for photographs/images and/or class details of my child to be used in

 school publications, newspaper articles, Compass and on the school web page.

**❑ I do not give permission** for photographs/images and/or class details of my child to be

 used in school publications, newspaper articles, Compass and on the school web page.

**PARENT ENROLMENT DECLARATION**

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.

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.

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

**Signature of Parent/Guardian: Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_**

**PARENT/CARER LOCAL EXCURSION DECLARATION**

I hereby give permission for my child to participate in any local school excursions approved by the Principal that take place in the local area (e.g. Stud Park Library, Community Centre etc.). Please complete the consent form:

Medication

I agree that if my child is taking medication on the day of the local excursion, this will be provided to the teacher in charge on the morning of the excursion with my child’s name included on the medication and a note providing the name of the medication, dose and when and how it is to be taken.

Medical consent

Where the teacher-in-charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher-in-charge to:

* Consent to my child receiving any medical or surgical attention deemed necessary by a medical practitioner which may include calling an ambulance.
* Administer such first-aid as the teacher-in-charge judges to be reasonably necessary, which may include calling an ambulance.
* Provide parent/carer phone numbers to an authorised leader/supervisor in case of an emergency.

I further agree that in the event of any expenditure necessarily and properly incurred by the school to preserve the health, safety or well-being of my child, I will reimburse the school to the full extent of such expenditure.

**Parent/Carer’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_/\_\_\_\_/\_\_\_\_**



Paratea Drive,

P.O. Box 2439

Rowville, Victoria 3178 Australia

**Telephone: 61 3 9764 1955**

Facsimile: 61 3 9763 8658

Email: rowville.ps@education.vic.gov.au

DET International CRICOS Code - 00861K

**Principal: Anne Babich**

***.***

**FOUNDATION STUDENTS ONLY**

**RELEASE OF INFORMATION**

**Please read Section 1 prior to completing the Release of Information Form.**

**Section 1**

This form asks for your permission to collect information from the organisation named below concerning your child. The main purpose of collecting this information is so that Rowville Primary School can accurately assess your child’s learning needs and allocate staff and resources to provide for their educational and support needs. All members of staff at Rowville Primary School and the Department of Education & Training are required by law to protect the information provided by this form.

STUDENT’S NAME: …………………………………………DATE OF BIRTH: ……..…………..

ADDRESS: ………………………………………………………………………………..…..……….

…………………………………………………………………………….……………

NAME OF EARLY LEARNING CENTRE (if applicable)……………………………………………

NAME OF EARLY LEARNING EDUCATOR…………………………………………………………….

I grant permission to disclose and deliver the requested information in the possession of my child’s Early Learning Educator to teachers at Rowville Primary School.

All information received as a result of this form is considered confidential and cannot be re-released without proper authorisation.

Name of Parent/Carer: ……………………………………………………………..

Signature: ……………………………………………… Date: ………………………..

**Anti-Bullying and eSmart Policy**

**Acceptable Use Agreement**

**Foundation to Year 6**

**This agreement is to be completed and returned to Rowville Primary School where it will be kept on file for the duration of each student’s enrolment.**

**Terms of Agreement & Student Declarations:**

**When I use digital technologies I agree to be safe, responsible and ethical at all times, by:**

* Respecting others and communicating with them in a supportive manner; never writing or participating in online bullying (for example, forwarding messages and supporting others in harmful, inappropriate or hurtful online behaviours).
* Protecting my privacy; not giving out personal details, including my full name, telephone number, address, passwords and images.
* Protecting the privacy of others; never posting or forwarding their personal details or images without their consent.
* Talking to a teacher if I feel personally uncomfortable or unsafe online or if I see others participating in unsafe, inappropriate or hurtful online behaviours.
* Carefully considering the content of what I upload or post online; this is often viewed as a personal reflection of who I am.
* Investigating the terms and conditions (e.g. age restrictions, parental consent requirements). If my understanding is unclear I will seek further explanation from a trusted adult.
* Confirming that I meet the stated terms and conditions; completing the required registration processes with factual responses about my personal details.
* Handling ICT devices with care and notifying a teacher if it is damaged or requires attention.
* Abiding by copyright and intellectual property regulations. If necessary, I will request permission to use images, text, audio, video and site references.
* Not interfering with network systems and security, the data of another user or attempting to log into the network with a user name or password of another student.
* Not bringing to school or downloading unauthorised programs, including games.

**In addition, when I use my *personal* mobile phone or digital technologies*,* I agree to be safe, responsible and ethical at all times, by:**

* Respecting others and communicating with them in a supportive manner; never verbally or in writing participating in bullying (for example, harassing phone calls/text messages, supporting others in harmful, inappropriate or hurtful online behaviours by forwarding messages).
* Keeping the device on silent during class times; only making or answering calls or messages outside of school hours.
* Respecting the privacy of others; only taking photos or recording sound or video at school when I have formal consent or it is part of an approved lesson.
* Obtaining appropriate (written) consent from individuals who appear in images or sound and video recordings before forwarding them to other people or posting/uploading them to online spaces.
* The school is not responsible for the loss of or damage to any digital equipment that students choose to bring to school.

**Definition of Digital Technologies**

This Acceptable Use Agreement applies to digital technologies, social media tools and learning environments established by our school or accessed using school owned networks or systems, including (although are not limited to):

* School owned ICT devices (e.g. desktops, ipads, laptops, printers, scanners)
* Mobile phones
* Email and instant messaging
* Internet and Intranet
* Social networking sites (e.g. Facebook, SuperClubsPLUS)
* Video and photo sharing websites (e.g. Picassa, Youtube)
* Blogs, including corporate blogs and personal blogs
* Micro-blogs (e.g. Twitter, KIK, Snapchat)
* Forums, discussion boards and groups (e.g. Google groups, Whirlpool)
* Wikis (e.g. Wikipedia)
* Vod and podcasts
* Video conferences and web conferences.

This Acceptable Use Agreement applies when I am using any of the above digital technologies at school, at home, during school excursions, camps and extra-curricular activities. I can only use the school Digital Technology equipment when my parents and I have signed the agreement and returned it to school.

I understand and agree to comply with the terms of the Anti-bullying and eSmart Policy and Agreement and expected standards of behaviour set out within these documents. I understand that there are actions and consequences established within the Rowville Primary School Student Engagement Policy if I do not behave appropriately.

**Date:**  / /20\_\_\_

**Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_**

**Student’s Signature (signature require for Years 3-6 students only): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent / Guardian A Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Parent / Guardian A:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent / Guardian B Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Parent / Guardian A:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

For further support with online issues students can call Kids Helpline on 1800 55 1800. Parents/carers call Parentline 132289 or visit <https://www.esafety.gov.au/>



**Student Participation Agreement**

**Years 5 & 6 Only**

**One to One Student Device**

**This agreement is to be completed and returned to Rowville Primary School where it will be kept on file for the duration of each student’s enrolment.**

**General Use**

1. I will bring my laptop to school each day.

2. I will ensure the laptop is fully charged at the beginning of each school day.

3. I will keep the laptop in its case when transporting it around the school or to and from home.

1. I will keep food and drinks away from the laptop.
2. I will immediately report any accidents or breakages to the laptop to my parents and teachers.
3. I will not physically modify my laptop in any way, including the application of stickers, drawings, writing, etc.
4. I will not touch anyone else’s laptop without their permission.
5. I will follow the classroom norms when using my laptop.
6. I will handle my laptop appropriately at all times.

**Content**

* + - 1. I will use the laptop only to support my school learning program. This means I cannot bring my personal music to school.
			2. I will not use my laptop for:
* Inappropriate web browsing;
* Accessing social media;
* Any form of cyber bullying;
* Downloading, playing or sharing illegal content;
* Breaking copyright by sharing any legally downloaded media or software.
	+ - 1. I will only use my laptop for school approved educational games.

**Safety and Security**

1. I will only go to websites at school which support my learning activities.

2. I will be cybersafe and cybersmart when using the internet.

3. I will demonstrate etiquette when using my laptop and other equipment with regard to other people.

4. I will use the laptop lawfully and in accordance with the *One to One Digital Device Policy* and the *Anti-bullying*

 *and eSmart Policy* regarding ethical use of equipment, technology, use of legal software, use of the internet

 and the protection of personal data.

5. For security reasons, I am not to share account names and passwords with anyone unless requested by staff

or technicians when servicing the laptop.

6. I am responsible for the security and use of the devices. I will use the lockable storage provided for students to place My laptop and other equipment in during lunch and play breaks.

7. I will respect the privacy of others by asking for permission before taking photographs or videos and uploading these to public spaces e.g. a classroom blog.

8. I understand if the above conditions are not followed, I will not be granted the authorisation to use the laptops.

 Serious breaches of these conditions will result in the loss of privileges.

**Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Parent/Carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Carer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rowville Primary School Digital Technologies Policy** 

# Purpose

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

# Guidelines

At Rowville Primary School we:

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

# Implementation

* The use of ICT and other equipment/devices within Rowville Primary School should be for educational purposes only.
* The School has the right to monitor access and review all ICT use by students of the School. This includes personal emails, social networking sites (such as Facebook) and user generated content sites (YouTube, Flicker, and Interactive sites) received and sent on the school’s computer and/or network facilities.
* The use of privately owned ICT equipment/devices (ie. iPhones, USB’s, Mobile Phones) on the school site or at any school related activity must be appropriate to the school environment. If at any time a student is unclear on appropriate usage, they should seek clarification from the appropriate member of staff.
* In line with the ‘Acceptable Use of Digital Technologies Agreement’ that each student signs upon enrolment into the School, the School will take all reasonable steps to ensure that all students are accessing appropriate sites via the internet.

# Evaluation

**Student Declarations when using digital technologies:**

 **When I use digital technologies I agree to be safe, responsible and ethical at all times, by:**

* Respecting others and communicating with them in a supportive manner; never writing or participating in online bullying (for example, forwarding messages and supporting others in harmful, inappropriate or hurtful online behaviours).
* Protecting my privacy; not giving out personal details, including my full name, telephone number, address, passwords and images.
* Protecting the privacy of others; never posting or forwarding their personal details or images without their consent.
* Talking to a teacher if I feel personally uncomfortable or unsafe online or if I see others participating in unsafe, inappropriate or hurtful online behaviours.
* Carefully considering the content that I upload or post online; this is often viewed as a personal reflection of who I am.
* Investigating the terms and conditions (e.g. age restrictions, parental consent requirements). If my understanding is unclear I will seek further explanation from a trusted adult.
* Confirming that I meet the stated terms and conditions; completing the required registration processes with factual responses about my personal details.
* Handling ICT devices with care and notifying a teacher if it is damaged or requires attention.
* Abiding by copyright and intellectual property regulations. If necessary, I will request permission to use images, text, audio and video and cite references.
* Not interfering with network systems and security, the data of another user or attempting to log into the network with a user name or password of another student.
* Not bringing to school or downloading unauthorised programs, including games.

 **In addition, when I use my *personal* mobile phone or digital technologies, I agree to be safe, responsible and ethical at all times, by:**

* Respecting others and communicating with them in a supportive manner; never verbally or in writing participating in bullying (for example, harassing phone calls/text messages, supporting others in harmful, inappropriate or hurtful online behaviours by forwarding messages).
* Keeping the device on silent during class times; only making or answering calls or messages outside of school hours.
* Respecting the privacy of others; only taking photos or recording sound or video at school when I have formal consent or it is part of an approved lesson.
* Obtaining appropriate (written) consent from individuals who appear in images or sound and video recordings before forwarding them to other people or posting/uploading them to online spaces.
* The school is not responsible for the loss of any digital equipment that students choose to bring to school.

 **Definition of Digital Technologies:**

This Acceptable Use Agreement applies to digital technologies, social media tools and learning environments established by our school or accessed using school owned networks or systems, including (although are not limited to):

* School owned ICT devices (e.g. desktops, I-pads, laptops, printers, scanners, tablets)
* Mobile phones, including any device with phone or messaging technology, eg smart watches
* Email and instant messaging (including group messaging), including 3rd party apps eg Whatsapp, Facebook, Messenger etc
* Internet and Intranet
* Social networking sites (e.g. Facebook, SuperClubsPLUS,)
* Video and photo sharing websites (e.g. Picassa, Youtube, Instagram)
* Blogs, including corporate blogs and personal blogs
* Micro-blogs (e.g. Twitter, KIK, Snapchat, Tik Tok)
* Forums, discussion boards and groups (e.g. Google groups, Whirlpool)
* Wikis (e.g. Wikipedia)
* Vod and podcasts
* Video conferences and web conferences
* Making videos on school premises or in school uniform that is not for educational purposes and without prior consent.

 The Acceptable Use Agreement applies when a student is using any of the above digital technologies at school, at home, during school excursions, camps and extra-curricular activities. Students can only use the school Digital Technology equipment when the agreement has been signed by parents/carers and the student and returned to school.

Students must comply with the terms of the Acceptable Use Agreement and expected standards of behaviour set out within the agreement. There are actions and consequences established within the Rowville Primary School Student Engagement Policy if students do not behave appropriately.

This Policy is to be retained by parents/guardians. The attached agreement is to be completed and returned to Rowville Primary School where it will be filed for the duration of each student’s enrolment.

This policy was reviewed 25th March 2020 and will be

reviewed in March 2022.

*Policy to be retained by parents/carers and Acceptable Use Agreement (overpage) is to be completed for all students and returned to school.*

****

 **Digital Technologies Acceptable Use Agreement**

 **This agreement is to be completed and returned to Rowville Primary School where it will be kept on file for the duration of each student’s enrolment.**

**Terms of Agreement & Student Declarations:**

**When I use digital technologies I agree to be safe, responsible and ethical at all times, by:**

* Respecting others and communicating with them in a supportive manner; never writing or participating in online bullying (for example, forwarding messages and supporting others in harmful, inappropriate or hurtful online behaviours).
* Protecting my privacy; not giving out personal details, including my full name, telephone number, address, passwords and images.
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* Talking to a teacher if I feel personally uncomfortable or unsafe online or if I see others participating in unsafe, inappropriate or hurtful online behaviours.
* Carefully considering the content of what I upload or post online; this is often viewed as a personal reflection of who I am.
* Investigating the terms and conditions (e.g. age restrictions, parental consent requirements). If my understanding is unclear I will seek further explanation from a trusted adult.
* Confirming that I meet the stated terms and conditions; completing the required registration processes with factual responses about my personal details.
* Handling ICT devices with care and notifying a teacher if it is damaged or requires attention.
* Abiding by copyright and intellectual property regulations. If necessary, I will request permission to use images, text, audio, video and site references.
* Not interfering with network systems and security, the data of another user or attempting to log into the network with a user name or password of another student.
* Not bringing to school or downloading unauthorised programs, including games.

**In addition, when I use my *personal* mobile phone or digital technologies*,* I agree to be safe, responsible and ethical at all times, by:**

* Respecting others and communicating with them in a supportive manner; never verbally or in writing participating in bullying (for example, harassing phone calls/text messages, supporting others in harmful, inappropriate or hurtful online behaviours by forwarding messages).
* Keeping the device on silent during class times; only making or answering calls or messages outside of school hours.
* Respecting the privacy of others; only taking photos or recording sound or video at school when I have formal consent or it is part of an approved lesson.
* Obtaining appropriate (written) consent from individuals who appear in images or sound and video recordings before forwarding them to other people or posting/uploading them to online spaces.
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* School owned ICT devices (e.g. desktops, ipads, laptops, printers, scanners, tablets)
* Mobile phones, including any device with phone or messaging technology, eg smart watches
* Email and instant messaging, including 3rd party apps eg Whatsapp, Facebook, Messenger etc
* Internet and Intranet
* Social networking sites (e.g. Facebook, SuperClubsPLUS, Tik Tok)
* Video and photo sharing websites (e.g. Picassa, Youtube)
* Blogs, including corporate blogs and personal blogs
* Micro-blogs (e.g. Twitter, KIK, Snapchat)
* Forums, discussion boards and groups (e.g. Google groups, Whirlpool)
* Wikis (e.g. Wikipedia)
* Vod and podcasts
* Video conferences and web conferences.

This Acceptable Use Agreement applies when I am using any of the above digital technologies at school, at home, during school excursions, camps and extra-curricula activities. I can only use the school Digital Technology equipment when my parents and I have signed the agreement and returned it to school.

I understand and agree to comply with the terms of the Digital Technologies Policy and Agreement and expected standards of behaviour set out within these documents. I understand that there are actions and consequences established within the Rowville Primary School Student Engagement Policy if I do not behave appropriately.

**Date:**  / /20\_\_\_

**Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_**

**Student’s Signature (Yrs 3-6): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent / Carer A Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Parent / Carer A:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent / Carer B Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Parent / Carer B:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

For further support with online issues students can call Kids Helpline on 1800 55 1800. Parents/carers call Parentline 132289 or visit <https://www.esafety.gov.au/>