

ENROLMENT FORM

STUDENT ENROLMENT INFORMATION – 2023

Computer Generated Student ID:

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PLEASE USE BLOCK LETTERS

STUDENT DETAILS

Surname:	
First Name:	
Middle Name:	
❖ Gender (tick):	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date: (dd-mm-yyyy) _____ / _____ / _____	

PRIMARY FAMILY HOME ADDRESS

No. & Street:	
Suburb:	
State:	Postcode:

A copy of your child's Birth Certificate and Immunisation Certificate
MUST be presented with your child's Enrolment Form.

OFFICE USE ONLY

Child's Name and Birth Date proof sighted (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date Enrolment was Received:	
Year Level	Home Group	House Colour			
Immunisation Certificate received? (tick)		<input type="checkbox"/> Complete		<input type="checkbox"/> Not sighted	
Is there a Medical Alert for the student? (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Does the student have a Disability (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Indicate type of disability	
Has a Transition Statement been provided (by the Early Childhood Educator)? (tick) For Prep students only		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending	
Confirmation of enrolment letter has been issued.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Orientation Information has been emailed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
				RSVP for Transition has been received?	<input type="checkbox"/> Yes <input type="checkbox"/> No

FAMILY DETAILS

List any other family members attending this school:

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

PRIMARY FAMILY DETAILS

NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with". Additional and Alternative family forms are available from the school if this is required. These additional forms are designed to cater for varying family circumstances.

ADULT A DETAILS (PRIMARY CARER)

Gender (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female
Title: (Ms, Mrs, Mr, etc.)
Legal Surname:
Legal First Name:
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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):
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 <i>highest</i> 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? <u>Please ask the school office for assistance with this question when you submit this form.</u> (Occupational Group List is available at the office). • 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 occupation group list. • If the person has NOT been in paid work for the last 12 months, enter 'N'.

ADULT B DETAILS

Gender (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female
Title: (Ms, Mrs, Mr, etc.)
Legal Surname:
Legal First Name:
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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):
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 <i>highest</i> 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? <u>Please ask the school office for assistance with this question when you submit this form.</u> (Occupational Group List is available at the office). • 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 occupation group list. • If the person has NOT been in paid work for the last 12 months, enter 'N'.

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

What is the main language spoken at home:
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

PRIMARY FAMILY CONTACT DETAILS

ADULT A CONTACT DETAILS

Business Hours

Can we contact Adult A at work? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult A usually home during business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone No:		
Other Work Contact information:		

After Hours

Is Adult A usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		
Mobile No:		
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult A's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.) <input type="checkbox"/> Email <input type="checkbox"/> Phone		
Email address:		
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please note that the email you provide will be added to our newsletter subscribers list.		

ADULT B CONTACT DETAILS

Business Hours

Can we contact Adult B at work? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult B usually home during business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone No:		
Other Work Contact information:		

After Hours

Is Adult B usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		
Mobile No:		
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult B's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.) <input type="checkbox"/> Email <input type="checkbox"/> Phone		
Email address:		
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please note that the email you provide will be added to our newsletter subscribers list.		

OTHER PRIMARY FAMILY DETAILS

Relationship of Adult A to Student: (tick one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other
Relationship of Adult B to Student: (tick one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other

The student lives with the Primary Family: (tick one)				
<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		

FINANCIAL ASSISTANCE

Financial Assistance maybe available to parents or legal guardians who hold a valid Centerlink Health Care Card.

The allowance will be paid to the school to be use towards expenses relating to camps, excursions, or sporting activities for the benefit of your child/children.

Do you hold a valid Centerlink Health Care Card? (tick one) <input type="checkbox"/> Yes (If yes, please provide a copy to the office) <input type="checkbox"/> No

PRIMARY FAMILY EMERGENCY CONTACTS

Other than the parents

	Name	Relationship to the student (Neighbour, Relative, Grandparent, Aunt/Uncle, Friend or Other)	Telephone Contact	Language Spoken (If English Write "E")
1				
2				
3				
4				

FAMILY DOCTOR DETAILS

Name of Medical Clinic:	
No. & Street:	
Suburb:	
State:	Postcode:
Telephone Number:	
Current Ambulance Subscription: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	Medicare Number:

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
If temporary, please specify the Visa Sub Class:	Visa Expiry Date: _____ / _____ / _____
Visa Statistical Code: (Required for some sub-classes)	International Student ID : (If applicable)
Basis of Australian Residency:	
<input type="checkbox"/> Eligible for Australian Passport	<input type="checkbox"/> Holds Australian Passport
<input type="checkbox"/> Holds Permanent Residency Visa	
If your child was born outside of Australia a copy of their Visa or Passport documents must be submitted with their enrolment.	
❖ 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, (please specify the language spoken):	
❖ Is the student of Aboriginal or Torres Strait Islander origin? (tick one)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal
<input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander
What is the student's living arrangements? (tick one):	
<input type="checkbox"/> At home with TWO Parents/ Carers	<input type="checkbox"/> State Arranged Out of Home Care # (See Note)
<input type="checkbox"/> At home with ONE Parent/ Carers	

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

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PREVIOUS SCHOOL DETAILS

Date of first enrolment in an Australian School: _____ / _____ / _____	
Name of the school your child is transferring from:	
Years of previous education:	What was the language of the student's previous education?
Does the student have a Victorian Student Number (VSN)?	
<input type="checkbox"/> Yes. <input type="checkbox"/> Yes, but the VSN is unknown <input type="checkbox"/> No. The student has never been issued a VSN.	
Please specify: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Years of interruption to education:	Is the student repeating a year? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the student be attending this school full time? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, what will be the time fraction that the student will be attending this school? (i.e: 0.8 = 4 days/week)	
Other school Name:	Time fraction: 0. Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No

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

OFFICE USE ONLY

Has the documentation been provided and retained on school records? <input type="checkbox"/> Yes	<input type="checkbox"/> No
Have the conditions been met to complete the enrolment? <input type="checkbox"/> Yes	<input type="checkbox"/> No

STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

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

OFFICE USE ONLY

Current custody document placed on student file? <input type="checkbox"/> Yes	<input type="checkbox"/> No
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STUDENT MEDICAL DETAILS

ASTHMA

Has the student been diagnosed as suffering from asthma? (tick) Yes No

If Yes, an **Asthma Action Plan** signed by a medical practitioner must be provided.

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) <input type="checkbox"/> Cough <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Wheeze <input type="checkbox"/> Exhibits symptoms after exertion <input type="checkbox"/> Tight Chest	If my child displays any of these symptoms, please: (tick) 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:
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:
Dosage time:	Reminder required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No Poison Rating

ANAPHYLAXIS & ALLERGIES

Has the student been diagnosed as being at risk of Anaphylaxis? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, an Anaphylaxis Action Plan signed by a medical practitioner and an EpiPen must be provided.	
Has the student been diagnosed with any allergies? (tick) (example hay fever, grass, dairy) <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, an Allergy Action Plan must be provided and signed by a medical practitioner.	
If yes, please specify:	
Symptoms:	
If my child displays any of the symptoms above, please: (tick)	
Administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Medical Action required <input type="checkbox"/> Yes <input type="checkbox"/> No
Inform Parent/Carer or Emergency Contact <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:
Dosage time	Reminder required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No Poison Rating

ADDITIONAL NEEDS

Please provide all required information to allow us to meet our duty of care obligations and facilitate the smooth transition of your child into our school. It will assist the school to implement appropriate adjustments and strategies to meet the needs of your child.

Is your child eligible or currently receiving National Disability Insurance Scheme (NDIS) support? Yes No

Does your child present with any on the following: (tick)

Autism (ASD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Behavioural concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Intellectual disability/ developmental delay	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mental health issues	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vision impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No
ADD/ADHD	<input type="checkbox"/> Yes <input type="checkbox"/> No	Emotional issues	<input type="checkbox"/> Yes <input type="checkbox"/> No	Speech impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Giftedness	<input type="checkbox"/> Yes <input type="checkbox"/> No	Acquired brain injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mobility impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other condition (please specify)					

Has your child ever seen a:

Paediatrician	<input type="checkbox"/> Yes <input type="checkbox"/> No	Physiotherapist	<input type="checkbox"/> Yes <input type="checkbox"/> No	Audiologist	<input type="checkbox"/> Yes <input type="checkbox"/> No
Psychologist/Counsellor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Occupational therapist	<input type="checkbox"/> Yes <input type="checkbox"/> No	Speech pathologist	<input type="checkbox"/> Yes <input type="checkbox"/> No
Psychiatrist	<input type="checkbox"/> Yes <input type="checkbox"/> No	Continence nurse	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other specialist (please specify)					

If your child has been seen by medical/allied health professionals. Please provide a copy of any relevant reports.

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.

Signature of Parent/Guardian: _____

Date: ____ / ____ / ____

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

Signature of Parent/Guardian: _____

Date: ____ / ____ / ____



PERMISSION & AUTHORITY FORM

Students Name:

LOCAL WALKING EXCURSIONS

On occasions, class teachers will take their class for a walk in the local area as part of the school program. Examples include a trip to use local sporting facilities or a walk to the supermarket to buy ingredients for a cooking activity. Parents will be informed prior to the local excursion taking place.

1. I agree to allow my child to attend local walking excursions. I understand that information about such activities will be provided before the event. Yes No

I am aware that I will receive a detailed notice about any other excursion and that for my child to participate in a particular excursion my written consent will be required.

PHOTOGRAPHS / VIDEOS / MULTIMEDIA

At SPS, we like to celebrate the efforts of our students. We seek permission from parents/carers for the use of photographs/images of students in a variety of media including the school newsletter, school website, video/DVD display within the school and occasionally articles in local papers or other publications. School activities may be filmed and used for educational and promotional purposes (e.g. student projects, etc). This footage may be distributed to other students/families in the school and local organisation that we have affiliations with.

I give permission for photographs/images of my child to be used as follows:

- | | |
|---|--|
| 1. School or Student Publications for promotional / educational purposes (including school publicity billboards example, enrolment billboard on Hampshire Road) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. School Newsletter | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. School Website | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Display on school premises | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. On the Sunshine Primary School Facebook page | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. On the Sunshine Primary School Instagram page | Yes <input type="checkbox"/> No <input type="checkbox"/> |

SCHOOL WEB PAGE

SPS has an Internet Web Page on the worldwide Internet. The web page includes information about the school and often students work samples and some photographs or video images of children. The content will change from time to time. Your child's photograph and work can only be included with your permission. Only first names will be used, and addresses or confidential information will not be included.

- | | |
|--|--|
| 1. Publish written work and artwork on the Internet using his/her first name only. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Appear unnamed in photographs and video footage on the internet. | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Name of parent/carer: _____

Signature: _____ Date: ____/____/____

Please inform the school if guardianship/custody changes for your child, as this form will need to be re-signed to reflect these changes. Please also inform the school in writing if you no longer wish to provide consent for the school to undertake head lice inspections for your child.

CONSENT FORM TO CONDUCT HEAD LICE INSPECTIONS

Throughout your child's schooling, the school will be arranging head lice inspections of students.

The management of head lice infection works best when all children are involved in our screening program.

The school is aware that this can be a sensitive issue and is committed to maintaining student confidentiality and avoiding stigmatisation.

The inspections of students will be conducted by a staff member approved by the Principal.

Before any inspections are conducted the person conducting the inspections will explain to all students what is being done and why and it will be emphasised to students that the presence of head lice in their hair does not mean that their hair is less clean or well-kept than anyone else's. It will also be pointed out that head lice can be itchy and annoying and if you know you have got them, you can do something about it.

The person conducting the inspections will check through each student's hair to see if any lice or eggs are present.

Person's authorised by the school principal may also visually check your child's hair for the presence of head lice, when it is suspected that head lice may be present. They do not physically touch the child's head during a visual check.

In cases where head lice are found, the person inspecting the student will inform the student's teacher and the Principal. The school will make appropriate contact with the parents/guardians/carers.

Please note that health regulations require that where a child has head lice, that child should not return to school until appropriate treatment has commenced. The school may request the completion of an 'action taken form', which requires parents/guardians/carers to nominate if and when the treatment has started.

- I **GIVE** my consent for the above named child to participate in the school's head lice inspection program for the duration of their schooling at Sunshine Primary School.
- I **DO NOT** give my consent for the above named child to participate in the school's head lice inspection program for the duration of their schooling at Sunshine Primary School.

Name of parent/carer: _____

Signature: _____ Date: ____/____/____

Please inform the school if guardianship/custody changes for your child, as this form will need to be re-signed to reflect these changes. Please also inform the school in writing if you no longer wish to provide consent for the school to undertake head lice inspections for your child.

INTERNET ACCEPTABLE USE POLICY FOR STUDENTS AND THEIR FAMILIES

At Sunshine Primary School we support the right of all members of the school community to access safe and inclusive learning environments, including digital and online spaces. This form outlines the School's roles and responsibilities in supporting safe digital learning, as well as the expected behaviours we have of our students when using digital or online spaces.

At our School we:

- have a **Student Engagement Policy** that states our school's values and expected standards of student behaviour, including actions and consequences for inappropriate online behaviour
- have programs in place to educate our students to be safe and responsible users of digital technologies. *(Include any specific programs or approaches the school undertakes.)*
- educate our students about digital issues such as online privacy, intellectual property and copyright
- supervise and support students when using digital technologies within the classroom and establish clear protocols and procedures when working in online spaces including reviewing and considering the safety and appropriateness of online tools and communities:
 - See: [Duty of Care and Supervision](#)
(www.education.vic.gov.au/about/programs/bullystoppers/Pages/prindutycare.aspx)
- provide a filtered internet service but acknowledge that full protection from inappropriate content can never be guaranteed
- use online sites and digital tools that support students'
- address issues or incidents that have the potential to impact on the wellbeing of our students including those reported through online services
- know that some online activities are illegal and as such we are required to report this to the appropriate authority
- refer suspected illegal online acts to the relevant Law Enforcement authority for investigation.
- support parents and care-givers to understand safe and responsible use of digital technologies and the strategies that can be implemented at home. The following resources provide current information from both Department of Education and Training and the Children's eSafety Commission:
 - [Bullystoppers Interactive Learning Modules - parents](#)
(www.education.vic.gov.au/about/programs/bullystoppers/Pages/parentmodules.aspx)
 - [iParent | Office of the Children's eSafety Commissioner](#)
(<https://www.esafety.gov.au/education-resources/iparent>)

SAFE AND RESPONSIBLE BEHAVIOUR

When I use digital technologies and the internet I **communicate respectfully** by:

- always thinking and checking that what I write or post is polite and respectful
- being kind to my friends and classmates and thinking about how the things I do or say online might make them think or feel (*Ask students to reflect on how they would feel.*)
- not sending mean or bullying messages or forwarding them to other people.
- creating and presenting my own work and if I do copy something from the online, letting my audience know by sharing the website link to acknowledge the creator.

When I use digital technologies and the internet I **protect personal information** by being aware that my full name, photo, birthday, address and phone number is personal information and is not to be shared online. This means I:

- protect my friends' information in the same way
- protect my passwords and don't share them with anyone except my parent
- only ever join spaces with my parents or teacher's guidance and permission
- never answer questions online that ask for my personal information
- know not to post three or more pieces of identifiable information about myself.

When I use digital technologies and the internet I **respect myself and others** by thinking about what I share online.

This means I:

- stop to think about what I post or share online
- use spaces or sites that are appropriate for my age and if I am not sure I ask a trusted adult for help
- protect my friends' full names, birthdays, school names, addresses and phone numbers because this is their personal information
- speak to a trusted adult if I see something that makes me feel upset or if I need help
- speak to a trusted adult if someone is unkind to me or if I know someone else is upset or scared
- don't deliberately search for something rude or violent
- turn off or close the screen if I see something I don't like and tell a trusted adult
- am careful with the equipment I use.

At school we/I have:

- discussed ways to be a safe and responsible user of digital technologies and the internet.
- presented my ideas around the ways that I can be a smart, safe and responsible user of digital technologies and the internet.

I will use this knowledge at school and everywhere I use digital technologies.

I understand that I may not be able to access the Internet at school if I do not act responsibly.

Parent Permission

I _____ agree to allow my child _____
to use the Internet at school. I have discussed the scenarios, potential problems and responsible use of the Internet with him/her as outlined in the Internet use kit. I will contact the school if there is anything here that I do not understand. If there is a situation which concerns me, I will make contact with the school.

Parent/Carer's Signature: _____ Date: ____/____/____