



Point Cook Senior

Respect. Effort. Responsibility

2026

**ENROLMENT
FORMS
TO BE
RETURNED**

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POINT COOK SENIOR SECONDARY COLLEGE

2026 ENROLMENT FORM CHECKLIST

Thank you for your interest in enrolling your child at Point Cook Senior Secondary College.

To assist us in processing your child's enrolment we must have the below documents provided with this enrolment paperwork to ensure your enrolment is processed efficiently.

Birth Certificate/Passport provided (If non Australian citizen please provide passport)

Visa (if applicable) provided

Parenting Orders / Court Orders (if applicable) provided

Proof of residential address provided (meeting 100 point criteria)

Copy of latest school report provided

Medical forms returned (if applicable)

Course Selection form returned

NAPLAN results

Important

- Check you are within our school zone, if unsure please check the following website <https://www.findmyschool.vic.gov.au/>
- Please ensure all personal information is correct and up to date at your current school.
- All above documents must be provided.
- If you wish to withdraw your enrolment, please email Point.Cook.Senior.SC@education.vic.gov.au with your request.

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Form to Enrol in a Victorian Government School

STUDENT ENROLMENT INFORMATION - 20 ____	OFFICE USE ONLY	CASES21 Student ID: _____
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The information requested in this form is required for enrolment purposes. This information is collected to plan for and support the educational needs of students.

This form should be completed by parents or carers who are responsible for enrolling their child. It is the responsibility of the person completing this form to consult with all other adults that need to be involved in the enrolment process. Parents or carers can co-sign the same form or complete separate forms if personal details are unable to be shared between them.

If required information is not provided or there is a dispute between parents or carers about a child's enrolment, the enrolling principal is required to consider the student's education and wellbeing when deciding whether to defer or accept the enrolment.

Only one enrolment form should be submitted per student. By completing and submitting this enrolment form, you are accepting a place for your child at the specified school (subject to any further checks required by the school).

All schools across Australia are expected to collect the same information. Questions marked with a ❖ are asked as a requirement of the Commonwealth Government to meet data collection, funding and reporting requirements under the Australian Education Regulations 2013.

STUDENT DETAILS

Surname:			
First Given Name:			
Second Given Name: (if applicable)			
Preferred First Name: (if applicable)			
❖ Gender:	Male	Female	Self-described: _____
Date of Birth: (dd-mm-yyyy)	Student Mobile Number: (if applicable)		

Which year are you seeking to enrol this student?													
<input type="checkbox"/> Foundation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> Ungraded

Intended start date:
<input type="checkbox"/> Day 1, Term 1 <input type="checkbox"/> Other: (dd-mm-yyyy) ____ / ____ / ____

Are you seeking to enrol the student at this school full-time?	<input type="checkbox"/> Yes (move to next section)	<input type="checkbox"/> No
If No, how many days a week would the student be attending this school?		
If No, provide reason you are seeking part-time enrolment:		
If No, provide details for other schools:		
Other school name:	Days / week:	Has enrolment been accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other school name:	Days / week:	Has enrolment been accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No

Student's Permanent Residence

Your child's permanent residence is the address where they spend the majority of their days during the school week. If they spend an equal amount of time at two addresses, both are considered their permanent address and your child will be entitled to enrol in the designated neighbourhood school for either address.

The school may make enquiries to verify the information provided, such as checking the electoral roll at an Australian Electoral Commission office or the Victorian Electoral Commission head office; checking with a real estate agent; or checking whether there are any regulations/codes limiting the number of people living at one residence, for example if a rental property is a studio or one bedroom unit.

No. & Street Address:	
Suburb:	
State:	Postcode:
How often does this student live at this address?	
<input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced (50%)	
If the student lives at another address during the school week, please provide further details including the address, who they reside with, and how many days a week the student lives there:	

Student Living Arrangements

What are the student's living arrangements?	
<input type="checkbox"/> Student lives with parents/carers together at the same residence <input type="checkbox"/> Student lives with each parent/carer at different times	
<input type="checkbox"/> Student lives with one parent/carer only <input type="checkbox"/> State Arranged Out of Home Care*	
<input type="checkbox"/> Informal care arrangement# <input type="checkbox"/> Student is independent	
<input type="checkbox"/> Homeless Youth	
If the student has a Case Manager, please provide their contact details below:	

* Students who live in court ordered alternative care arrangements away from their parents. These court ordered care arrangements include living with relatives or friends (kinship care), living with non-relative families (foster care or adolescent community placements), and living in residential care units.

If the student is living in an informal care arrangement, please contact the school for a Informal Carer's Statutory Declaration, which must be completed.

Siblings

A sibling is defined broadly and can include step-siblings and students residing together as part of a multiple family cohabitation or out-of-home-care arrangements, including foster care, kinship care and permanent care.

Does the student have any siblings at this school?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>(move to next section)</i>
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Name	Current Year Level	Reside at same residential address as the student
1		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
2		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
3		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
4		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes

Student Demographics

Does the student speak English?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
❖ Does the student speak a language other than English at home?		
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify the main language spoken at home): _____		
❖ Is the student of Aboriginal or Torres Strait Islander origin?		
<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)? *	<input type="checkbox"/> Yes	<input type="checkbox"/> No

* A young carer is a young person under 25 years of age who provides, or intends to provide care, assistance or support to a family member with mental illness, physical illness, disability, chronic illness, or who is aged or has an addiction

Student Residency Status

❖ In which country was the student born?		
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): _____		
If born overseas, on what date did the student arrive in Australia? (dd-mm-yyyy)		____ / ____ / ____
What is the student's residency status? *		
<input type="checkbox"/> Australian citizen – holds Australian Passport <input type="checkbox"/> Permanent Resident (provide visa details below) <input type="checkbox"/> Australian citizen – eligible for Australian Passport <input type="checkbox"/> Temporary Resident (provide visa details below) <input type="checkbox"/> New Zealand citizen		
Visa Sub Class:	Visa Expiry Date: (dd-mm-yyyy)	____ / ____ / ____
Visa Statistical Code: (Required for some sub-classes)		

*Note: An Australian birth certificate does not guarantee Australian residency or citizenship. Further information is available at www.passports.gov.au/getting-passport-how-it-works/documents-you-need/citizenship

Does the student hold a Bridging Visa?	<input type="checkbox"/> Yes (provide further detail below)	<input type="checkbox"/> No
If Yes, what was the student's previous visa?		
If Yes, what visa has the student applied for?		

International Student ID*: (Not required for exchange students)
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* Note: If you are unsure of your International Student ID, please contact the International Education Division via phone (03 9084 8497) or via email (international@education.vic.gov.au)

Students with Additional Learning and Support Needs

The Department of Education recognises that adjustments may be required for students with additional needs, including students with disability, so that they can participate at school. School personnel and parents or carers work together to identify the adjustments that may be needed to meet the student's learning and support needs.

Does the student have additional needs and require support for learning?
<input type="checkbox"/> Yes <input type="checkbox"/> No (move to the next section)
Please indicate any adjustments that may assist the student to participate at school:

Has the student had a disability assessment before?	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify outcome): _____
Has the student received individualised disability funding before?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify): _____
Has any previous education provider prepared a documented plan to support the students additional learning needs?	<input type="checkbox"/> No <input type="checkbox"/> Yes (provide details): _____

Does the student have additional needs in one of the following areas?	Hearing:	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please specify): _____
	Vision:	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please specify): _____
	Speech/Language:	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please specify): _____
	Physical:	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please specify): _____
	Cognitive/Learning:	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please specify): _____
	Social/Emotional:	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please specify): _____

Previous Education – Students Enrolling in Foundation for the First Time

Is the student attending a funded kindergarten program* in the year before Foundation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of kindergarten or early childhood service: _____		

* Note: A kindergarten program that is funded and approved by the Victorian Government, has a play-based learning program, and is run by a qualified teacher. Funded kindergarten programs can be found at www.education.vic.gov.au/findaservice

Previous Education – Other

Has the student previously been enrolled at another school?	<input type="checkbox"/> Yes, in Victoria – Government School	<input type="checkbox"/> Yes, in Victoria – Catholic or Independent School
	<input type="checkbox"/> Yes, interstate	<input type="checkbox"/> Yes, overseas
<input type="checkbox"/> No (move to next section)		

If Yes, name of last school attended:	_____
If Yes, location of last school attended: (suburb/town/state/country)	_____
If Yes, date of attendance: (dd-mm-yyyy)	____ / ____ / ____ to ____ / ____ / ____
If Yes, year levels of previous education:	_____

If the student studied overseas, what age did the student first start school?	_____
What was the language of the student's previous education?	_____

Period of interruption to education: (months/years)	_____	Is the student repeating a year level?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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PARENT/CARER DETAILS

Enrolling Adult 1

Surname:				Title:	
First Given Name:					
Gender:	Male	Female	Self-described: _____		

No. & Street Address:					
Suburb:					
State:			Postcode:		
Preferred language of notices:					
Mobile:			Work Phone:		
Home Phone:			Email:		

Can we contact Adult 1 during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult 1 usually home during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult 1's preferred method of contact: (Email shall be used for communication that cannot be sent via phone)		
<input type="checkbox"/> Mobile	<input type="checkbox"/> Email	<input type="checkbox"/> Mail
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone	
Specify any other special conditions or times related to contact?		

Relationship to student:		
<input type="checkbox"/> Parent	<input type="checkbox"/> Step 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: _____	

In which country was Adult 1 born?	
<input type="checkbox"/> Australia	
<input type="checkbox"/> Other (please specify): _____	
❖ Does Adult 1 speak a language other than English at home?	
<input type="checkbox"/> No, English only	
<input type="checkbox"/> Yes (please specify): _____	
Please indicate any additional languages spoken by Adult 1:	
Is an interpreter required?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Gli XYbh`j Yg`k jh `5 Xi `h1.		
Always	Mostly	Balanced (50%)
Occasionally		

Adult 1 Job Title:	
Adult 1 Employer:	

Is Adult 1 interested in being involved in school group participation activities? (e.g., School Council, excursions)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

❖ What is the highest year of primary or secondary school Adult 1 has completed?	
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 10 or equivalent
<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 9 or equivalent or below / no schooling
❖ What is the level of the highest qualification that Adult 1 has completed?	
<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 1? Please select the appropriate current parental occupation group from the attached list at the end of the document.	
<ul style="list-style-type: none"> 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 list. If the person has not been in paid work for the last 12 months, enter 'N'. 	

Enrolling Adult 2

Surname:				Title:	
First Given Name:					
Gender:	Male	Female	Self-described: _____		

No. & Street Address:					
Suburb:					
State:				Postcode:	
Preferred language of notices:					
Mobile:			Work Phone:		
Home Phone:			Email:		

Can we contact Adult 2 during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult 2 usually home during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult 2's preferred method of contact: (Email shall be used for communication that cannot be sent via phone)		
<input type="checkbox"/> Mobile	<input type="checkbox"/> Email	<input type="checkbox"/> Mail
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone	
Specify any other special conditions or times related to contact?		

Relationship to student:		
<input type="checkbox"/> Parent	<input type="checkbox"/> Step 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: _____	

In which country was Adult 2 born?	
<input type="checkbox"/> Australia	
<input type="checkbox"/> Other (please specify): _____	
❖ Does Adult 2 speak a language other than English at home?	
<input type="checkbox"/> No, English only	
<input type="checkbox"/> Yes (please specify): _____	
Please indicate any additional languages spoken by Adult 2:	
Is an interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Ghi XYbh`jj Yg`k jH `5 Xi `h2.		
Always	Mostly	Balanced (50%)
Occasionally	Never	

Adult 2 Job Title:	
Adult 2 Employer:	

Is Adult 2 interested in being involved in school group participation activities? (e.g., School Council, excursions)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

❖ What is the highest year of primary or secondary school Adult 2 has completed?	
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 10 or equivalent
<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 9 or equivalent or below / no schooling
❖ What is the level of the highest qualification that Adult 2 has completed?	
<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 2? Please select the appropriate current parental occupation group from the attached list at the end of the document.	
<ul style="list-style-type: none"> 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 list. If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. 	

Additional Parents/Carers

Are there additional parents/carers in the student's life? <input type="checkbox"/> Yes (provide details below) <input type="checkbox"/> No (move to next section)	
Name of Adult 3:	
Name of Adult 4:	

If yes, please complete the Adult 3 and/or Adult 4 sections as attachments to this form on pages 16-17. If required, you may request a separate form for additional parents/carers from the school. The separate form allows for the capture of four further parents/carers.

Emergency Contacts

Please provide emergency contacts in the event that the enrolling parents/carers are unavailable. Please ensure those listed as emergency contacts are aware that their information has been provided for this purpose.

Name	Relationship (Neighbour, Relative, Friend or Other)	Telephone Contact	Language Spoken (Write E for English)
1			
2			
3			
4			

Correspondence Details

Send correspondence addressed to: (select one)	<input type="checkbox"/> Adult 1	<input type="checkbox"/> Adult 2	<input type="checkbox"/> Both Adults	<input type="checkbox"/> Neither
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Billing Details

You are not required to make payments or voluntary financial contributions to your school. Schools may request payments for extra-curricular items and activities. For more information, please refer to www.vic.gov.au/school-costs-and-fees.

Send any bills to: (select one)	<input type="checkbox"/> Adult 1	<input type="checkbox"/> Adult 2	<input type="checkbox"/> Another person / address* (complete details below)
Name to be used for all billing correspondence:			
No. & Street or PO Box			
Suburb:			
State:		Postcode:	
Billing Email:			

*Note: If you would like to send bills to another person / address, please ensure Additional Parent/Carer details are completed on pages 16-17.

STUDENT MEDICAL DETAILS

The Department of Education and Victorian Government Schools require the health information requested in this section to plan for and support the health and wellbeing needs of students.

If there is a situation or incident which requires first aid to be administered to your child, school staff will administer first aid that is reasonably necessary and appropriate to their level of training. 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 is liable in negligence (liability is not automatic). In the event that your child needs medical attention, school staff will contact you as soon as practically possible.

Student Doctor

Doctor's Name:	
Medical Centre:	
Street Address:	
Suburb:	Postcode:
State:	Telephone Number:

Asthma

Does the student have asthma?		<input type="checkbox"/> Yes	<input type="checkbox"/> No (move to next section)
Has a current Asthma Management Plan been provided to School? If No, please provide an Asthma Management Plan to the School		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student take medication?	<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?		<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:	<input type="checkbox"/> Student	<input type="checkbox"/> Adult	<input type="checkbox"/> Other: _____
Medication is to be stored:	<input type="checkbox"/> with Student	<input type="checkbox"/> with Staff	<input type="checkbox"/> Other: _____
Dosage time:	Reminder required?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Medical Conditions

Does the student have an allergy? If yes, please provide the schools with an ASCIA Action Plan for Allergies .		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the student at risk of anaphylaxis? If yes, please provide the school with an ASCIA Action Plan for Anaphylaxis .		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student have any other medical condition or other relevant medical assessment that the school needs to know about? If Yes, please ask the school for the appropriate medical advice form, to be completed by the treating medical practitioner and returned to school.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes to <u>any of the above</u> , please specify:			
Symptoms:			
If the student displays any of the symptoms above, please:			
Inform emergency contact	<input type="checkbox"/> Yes	No	Administer medication <input type="checkbox"/> Yes <input type="checkbox"/> No
Other medical action	<input type="checkbox"/> Yes	No	If Yes, please specify: _____

Medication

Does the student take medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the medication required during school hours? If Yes, please ask the school for a Medication Authority Form, to be completed by the treating medical practitioner and returned to school.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of medications taken:		

Allied Health Support

Has the student previously accessed support from an allied health professional?	Occupational therapy:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Speech pathology:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Physiotherapy:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Exercise physiology:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Behaviour support:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Other:	<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify): _____

OFFICE USE ONLY			
Immunisation Certificate received:	<input type="checkbox"/> Yes – Up to date	<input type="checkbox"/> Yes – Not up to date	<input type="checkbox"/> Not sighted / provided
Are there any Notice/s on the Immunisation History Statement:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the student have asthma, allergies or anaphylaxis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the student need to take medication during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
*Have the required medical forms been provided to the school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A – no medical conditions

* Note: Additional forms including student medical advice and condition forms can be found here: [Medical Advice Forms](#)

STUDENT SAFETY, ACCESS, AND SPECIAL CIRCUMSTANCES

Student Risk

The Department of Education has a responsibility to assess and manage any risk of harm to its staff and students. This form gives you the opportunity to provide information that will help the student's transition to school. This may include preparing a behaviour management plan or other appropriate strategies directed at meeting the particular needs of the student. The action taken in response to the information you provide will help ensure the safety of this student, other students and staff.

To your knowledge, is there anything in the student's history or circumstances (including medical history not already provided) which might pose a risk of any type to this student, other students, or staff at this school?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No (move to the next section)
If Yes, please provide further detail:	

Court Orders and Other Care Arrangements (previously referred to as an Access Alert)

Is there an intervention order, parenting order or any other court order impacting the student?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No (move to the next section)

If Yes, then complete the following questions and **present a current copy of the document to the school.**

Court Order or other access document type:	Family Law Order / Parenting Order	Parenting Plan / Agreement	Intervention Order
	<input type="checkbox"/> Child Protection Order	DFFH Authorisation	<input type="checkbox"/> Other: _____
Please provide further details of the Court Order or other access documents, and any other safety concerns:			
End Date (if applicable): (dd-mm-yyyy)			

Activity Restrictions and Considerations

Are there any activities (either organised by the school and/or third parties) that the student cannot participate in?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No (move to the next section)
If Yes, please provide further detail: (e.g. sport, excursions)	

OFFICE USE ONLY	
Current Court Order or other access document placed on student file?	<input type="checkbox"/> Yes <input type="checkbox"/> No

STUDENT TRAVEL DETAILS

How will the student primarily travel to and from school?				
<input type="checkbox"/> Walking	<input type="checkbox"/> School Bus	<input type="checkbox"/> Train	<input type="checkbox"/> Driven by parent/carer	<input type="checkbox"/> Taxi / Ride Share
<input type="checkbox"/> Bicycle	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Tram	<input type="checkbox"/> Self-Driven	<input type="checkbox"/> Other: _____
If the student catches public transport to school, what station/stop does their journey commence:				
If the student drives themselves to school, what is their Car Registration Number:				

Students residing in rural and regional Victoria or attending special schools may be entitled to receive travel assistance. Travel assistance may be in the form of access to a school bus service or financial support through a conveyance allowance to assist with the cost of travel. Information on eligibility and the application process can be obtained from the school.

Conveyance Allowance Program

The Conveyance Allowance Program supports eligible families attending mainstream schools in rural and regional Victoria, and special schools (state-wide) with financial assistance towards the cost of transporting students to and from school.

Is the student applying for the Conveyance Allowance Program?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No (<i>proceed to next question</i>)
Your school can provide the applicable application form and advice on the different types of conveyance available. For further information, including the conveyance allowance policy and application forms, refer to the Department's Policy and Advisory Library (PAL) here: www.education.vic.gov.au/pal/conveyance-allowance/policy	

School Bus Program

The School Bus Program assists families in rural and regional Victoria by transporting students to school where they do not have access to public transport. The program supports travel to students nearest government and non-government school. Travel by bus to special schools is provided through the Students with Disabilities Transport Program (see below). Travel to a school that is not the nearest will incur a fare to travel. Your school can provide the applicable application form.

Is the student applying for the School Bus Program?	
<input type="checkbox"/> Yes (see text below)	<input type="checkbox"/> No (<i>proceed to next question</i>)
Your school can provide the applicable application form and advice on travel type (free travel, pre-school, fare payer etc.) For further information, including the School Bus Program policy refer to the Department's Policy and Advisory Library (PAL) here: www.education.vic.gov.au/pal/school-bus-program/policy	

Students with Disabilities Transport Program

The Students with Disabilities Transport Program assists families throughout Victoria by transporting students to their nearest appropriate government special school. The program supports travel for students within Designated Transport Areas (DTA). Families should also consider the conveyance allowances that may provide increased or alternative travel options to support school travel.

Is the student applying to travel on a school bus or other travel assistance?	
<input type="checkbox"/> Yes (read below text)	<input type="checkbox"/> No
Your school can provide the applicable application form and advice on travel suitability. For further information, including the Students with Disabilities Transport Program policy refer to the Department's Policy and Advisory Library (PAL) here: www.education.vic.gov.au/pal/transport-students-disabilities/policy	
First date of travel?	<input type="checkbox"/> Next school year <input type="checkbox"/> Alternate date: (dd-mm-yyyy) ____ / ____ / ____
Type of travel assistance requested?	
<input type="checkbox"/> Access to School Bus	<input type="checkbox"/> Conveyance Allowance
If applicable, specify the student's mode of assisted mobility.	<input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker
Comments relevant to travel:	

OFFICE USE ONLY**Can the student Individual Education Plan (IEP) include travel training?**☐ Yes☐ No**Is the student attending their nearest school?**☐ Yes☐ No**Does the student reside in Designated Transport Area (DTA) (if attending special school)?**☐ Yes☐ No**Can the student be accommodated on an existing route (if applicable)?**☐ Yes☐ No**Pick-up Point:**

Map Ref:

Time AM:

Set Down Point:

Map Ref:

Time PM:

Privacy Statement

The personal and health information collected in this form, and any attachments, is required for enrolment at all Victorian Government Schools. The information is collected to ensure accurate enrolment, and to plan for and support the educational needs of students. The information will be managed securely and accessed only by staff, on a need-to-know basis, and in accordance with the Department of Education Schools' Privacy Policy which applies to all government schools (available at: www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx) or where mandated or allowed by law.

Please also refer to the Victorian Government School Privacy Collection Notice for details on handling of personal and health information in schools: www.education.vic.gov.au/Pages/Schools'-Privacy-Collection-Notice.aspx.

DECLARATION

Thank you for completing this Student Enrolment form. The information provided is required to enable staff to properly enrol your child at our school as such it is important that it is accurate and up to date.

I/We confirm that:

- I am/We are the person/people named as completing this form.
- The information in this form is true and correct.
- I/We agree to authorise this form by electronic means with an electronic signature.

Signature of Enrolling Adult: _____ Date: ____ / ____ / ____

Signature of Enrolling Adult (if applicable): _____ Date: ____ / ____ / ____

Please select the category that best describes who has signed and completed this form. This will assist the school with the enrolment process.

Both parents/carers have completed and signed this form.

Parents/carers are completing separate forms (schools can provide additional forms on request).

One parent has completed and signed this form on behalf of both parents. Contact details for the other parent have been provided in the form for the school's use as required.

One parent has completed and signed this form and the contact details for the other parent are unknown to the enrolling parent/carer and not provided.

There is only one parent/carer with legal responsibility for the child and that person has completed and signed this form.

Other, please specify: (for instance, where the contact details for the other parent are known but it is not appropriate or safe to contact them) _____

If there are any court orders about the child, please provide copies of those orders to the school with this form.

WHO CAN SIGN THIS FORM?

- **A person with parental responsibility:** a parent of a child under 18 years of age, subject to relevant court orders (including parenting orders made under the *Family Law Act 1975* and protection orders made under the *Children, Youth and Families Act 2005* by the Children's Court, or other person granted parental responsibility under a relevant court order).
- **A carer formally authorised by Child Protection to enrol the student:** the Department of Families, Fairness and Housing (DFFH) can issue a written authorisation to the carer of a child in out of home care to make decisions about the child, in some circumstances this will include specific authorisation to enrol the child at school.
- **Informal carer:** an Informal Carer is a relative or other responsible adult with whom the child lives, and who has day to day care of the child. The informal carer should provide an Informal Carer Statutory Declaration to confirm their status as an informal carer. A copy of this statutory declaration can be obtained from www.education.vic.gov.au/PAL/informal-carer-statutory-declaration-template.pdf
- **Students living independently:** If the student is an adult or a mature minor for the purpose of enrolment and they live independently. These students will need to be considered in accordance with the www.education.vic.gov.au/pal/decision-making-responsibilities-students/policy policy.
- **Adult Students:** a student 18 years of age or older is considered an adult and can sign their own consent form.

ATTACHMENT – PARENTAL OCCUPATION GROUP CODES

The codes outlined below are to be used when providing family occupation details for enrolled students. Please indicate your current occupation – not your qualification. 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, proofreader, 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: Tradespeople, clerks and skilled office, sales and service staff

Tradespeople generally have completed a 4-year Trade Certificate, usually by apprenticeship. All tradespeople 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 / childcare 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)

ATTACHMENT – ADDITIONAL PARENT/CARER DETAILS

Enrolling Adult 3

Surname:				Title:	
First Given Name:					
Gender:	Male	Female	Self-described: _____		

No. & Street Address:					
Suburb:					
State:			Postcode:		
Preferred language of notices:					
Mobile:			Work Phone:		
Home Phone:			Email:		

Can we contact Adult 3 during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult 3 usually home during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult 3's preferred method of contact: (Email shall be used for communication that cannot be sent via phone)		
<input type="checkbox"/> Mobile	<input type="checkbox"/> Email	<input type="checkbox"/> Mail
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone	
Specify any other special conditions or times related to contact?		

Relationship to student:		
<input type="checkbox"/> Parent	<input type="checkbox"/> Step 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: _____	

In which country was Adult 3 born?	
<input type="checkbox"/> Australia	
<input type="checkbox"/> Other (please specify): _____	
❖ Does Adult 3 speak a language other than English at home?	
<input type="checkbox"/> No, English only	
<input type="checkbox"/> Yes (please specify): _____	
Please indicate any additional languages spoken by Adult 3:	
Is an interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Always	Mostly	Balanced(50%)
Occasionally	Never	

Adult 3 Job Title:	
Adult 3 Employer:	

Is Adult 3 interested in being involved in school group participation activities? (e.g., School Council, excursions)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

❖What is the highest year of primary or secondary school Adult 3 has completed?	
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 10 or equivalent
<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 9 or equivalent or below / no schooling
❖What is the level of the highest qualification that Adult 3 has completed?	
<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 3? Please select the appropriate current parental occupation group from the attached list at the end of the document.	
<ul style="list-style-type: none"> 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 list. If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. 	

Enrolling Adult 4

Surname:				Title:	
First Given Name:					
Gender:	Male	Female	Self-described: _____		

No. & Street Address:	
Suburb:	
State:	Postcode:
Preferred language of notices:	
Mobile:	Work Phone:
Home Phone:	Email:

Can we contact Adult 4 during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult 4 usually home during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult 4's preferred method of contact: (Email shall be used for communication that cannot be sent via phone)		
<input type="checkbox"/> Mobile	<input type="checkbox"/> Email	<input type="checkbox"/> Mail
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone	
Specify any other special conditions or times related to contact?		

Relationship to student:		
<input type="checkbox"/> Parent	<input type="checkbox"/> Step 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: _____	

In which country was Adult 4 born?	
<input type="checkbox"/> Australia	
<input type="checkbox"/> Other (please specify): _____	
❖ Does Adult 4 speak a language other than English at home?	
<input type="checkbox"/> No, English only	
<input type="checkbox"/> Yes (please specify): _____	
Please indicate any additional languages spoken by Adult 4:	
Is an interpreter required?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Always	Mostly	Balanced (50%)
Occasionally	Never	

Adult 4 Job Title:	
Adult 4 Employer:	

Is Adult 4 interested in being involved in school group participation activities? (e.g., School Council, excursions)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

❖What is the highest year of primary or secondary school Adult 4 has completed?	
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 10 or equivalent
<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 9 or equivalent or below / no schooling
❖What is the level of the highest qualification that Adult 4 has completed?	
<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 4? Please select the appropriate current parental occupation group from the attached list at the end of the document.	
<ul style="list-style-type: none"> 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 list. If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. 	

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Parent/Guardian Agreement Permission Form

STUDENT NAME: _____

Parents/Guardians are requested to complete the required information and sign. Please return to the college General Office.

1. LOCAL EXCURSIONS I hereby give permission for my child to participate in local excursions or events within the local Wyndham City area. These activities are within walking distance of the college. 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: <ul style="list-style-type: none">• 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 teacher in charge may judge to be reasonably necessary.	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. ICT – Acceptable Users Agreement I have read and understood the “Acceptable Use Agreement” form located on the PCSSC website at www.pointcooksenior.vic.edu.au/forms I understand and agree to comply with the terms of acceptable use and expected standards of behaviour set out within the agreement. I understand that there are actions and consequences established within the school’s Student engagement Policy if I do not behave appropriately.	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. NAPLAN I give permission for my child’s current school to provide his/her Year 9 NAPLAN results to PCSSC to enable effective planning for and monitoring of his/her learning.	YES <input type="checkbox"/> NO <input type="checkbox"/>
4. EMAIL I understand that one of the main forms of communication utilised at PCSSC is email. My preferred email address is _____	YES <input type="checkbox"/> NO <input type="checkbox"/>
5. VIEWING OF ‘PG’ RATED MATERIAL In the event of my daughter/son viewing ‘PG’ rated material at school, I give permission.	YES <input type="checkbox"/> NO <input type="checkbox"/>

ANY CHANGES TO THIS AGREEMENT: I understand it is my responsibility to inform the school in writing of any changes to the information referenced in these agreements.

Parent/Guardian Name: _____

Parent/Guardian Signature _____ Date: _____

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Photographing, Filming and Recording Students at Point Cook Senior Secondary College

Consent Form

There are many occasions during the school year when staff photograph, film or record students participating in school activities or events. We do this for many reasons including to celebrate student participation and achievement, showcase learning programs, document a student's learning journey/camps/excursions/sports events etc, communicate with our parents and school community in newsletters.

Our **Photographing, Filming and Recording Students Policy**

<https://www.pointcooksenior.vic.edu.au/ourschool>, describes how we will collect and use photographs, video and recordings (images) of students. The policy also explains when parent/carer consent is required and how it can be provided and withdrawn.

Please note there are uses of images that do not require consent. These include curriculum-based activities (i.e. class work), identity management, managing behavioural and safety incidents, to support a student's health and wellbeing, and to provide individual feedback or communication to a student, their parents/carers and/or school staff. If you have any concerns about the use of photographs in our school, for example, due to safety or cultural reasons, please contact the Schools Admin office on 03 9395 9271 or email at point.cook.senior.sc@education.vic.gov.au.

This **Consent Form** describes:

- situations where consent is required and seeks that consent
- how personal information will be handled in regard to privacy law
- ownership and reproduction of images

If you would like to withdraw or change your consent at any time, you must notify us on 03 9395 9271 or at point.cook.senior.sc@education.vic.gov.au. If consent is withdrawn verbally, we will make a written record of this. Please note, it may not be possible for the school to amend past publications or to withdraw images that are already in the public domain.

We will provide an annual reminder to parents about our **Photographing, Filming and Recording Students Policy** via <https://www.pointcooksenior.vic.edu.au/ourschool>. We will also notify parents when implementing software that may include photos of students, giving parents an opportunity to discuss any concerns or preferences.

This consent form applies to images of students that are collected and used by our school. We ask that any parents/carers or other members of our school community photographing, filming or recording students at school events (e.g. concerts, sports events etc) do so in a respectful and safe manner and that images of students are not publicly posted (e.g. to a social media account) without the permission of the relevant parent/carer.

If you do not understand any aspect of this consent form, or you would like to talk about any concerns you have, please contact our school on 03 9395 9271.

Privacy

Photographs, video and recordings (**images**) in which your child is identifiable are considered 'personal information' under Victorian privacy law. This means that any images of your child taken by the school may be a collection of your child's personal information. The school is part of the Department of Education (**the department**). The department values the privacy of every person and must comply with the *Privacy and Data Protection Act 2014* (Vic) when collecting and managing all personal information. For further information refer to the [Schools' Privacy Policy](http://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx) (<http://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx>).

Ownership and reproduction

Copyright in the images will be wholly owned by the school. This means that the school may use the images in the ways described in this form without notifying, acknowledging or compensating you or your child.

Consent for use of images

Our school uses images in a number of ways. Please read the categories below, then indicate your opt-in consent by using the tick boxes at the bottom of this form.

Use of images within the physical school environment

If you consent, photographs, video or recordings of your child may be used by our school within the school environment in any of the following ways:

- for display in school classrooms (e.g. in displays of student work, on noticeboards to celebrate achievements)
- In the schools foyer on the high achievers board and for fund raising events.

Use of images within the school community

If you consent, photographs, video or recordings of your child may be used by our school within the school community in any of the following ways:

- in the school's online communication, learning and teaching tools (e.g. classroom blogs or apps that can only be accessed by students, parents/carers and school staff with passwords.)
- in the school magazine or yearbook.

Use of images beyond the school community/publicly

If you consent, photographs, video or recordings of your child may be used in publications that are accessible to the public, including:

- on the school's website.
- on the school's social media accounts

We will notify you individually if we are considering using images of your child for specific advertising or promotional purposes.

Your consent

I have read this form and I consent to Point Cook Senior Secondary College collecting photos, video or recordings of my child during their time at the school, and using these photos, video or recordings in the following ways.

Indicate your consent for the three options by using the tick boxes.

- ☐ I consent to the use of images of my child **within the physical school environment**
- ☐ I consent to the use of images of my child **within the school community**
- ☐ I consent to the use of images of my child **beyond the school community/publicly, i.e. the school's website and social media accounts**

Name of student:	
Name of parent/carer:	
Signature:	
Date:	

Further information about how Point Cook Senior Secondary College collects and uses photos, video and recordings of students is available in our Photographing, Filming and Recording Students Policy (<https://www.pointcooksenior.vic.edu.au/ourschool>) including use of images that do not require consent, e.g. to fulfill legal obligations or for identification purposes.

If you do not return this form to the school, we will assume that you do not consent to the optional uses as described above.

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ICT Acceptable Use (Please refer to rest of the agreement, can be found in the enrollments information document)

Acknowledgment

This Acceptable Use Agreement applies to all digital technologies and environments, including (although not limited to):

- school owned ICT devices (e.g. desktops, laptops, printers, scanners)
- mobile phones and student owned devices
- email and instant messaging
- internet, intranet
- social networking sites (e.g. Facebook)
- video and photo sharing websites (e.g. YouTube)
- blogs or micro-blogs (e.g. Twitter)
- forums, discussion boards and groups (e.g. Google groups)
- wikis (e.g. Wikipedia)
- vod and podcasts
- video conferences and web conferences.

This Acceptable Use Agreement applies when digital technologies are being used at school, during school excursions, at camps and extra-curricular activities, and at home.

Signature

I understand and agree to comply with the terms of acceptable use and expected standards of behaviour set out within this agreement.

I understand that there are actions and consequences established within the school's Student Engagement Policy if I do not behave appropriately.

Student first name: _____

Student surname: _____

Student signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

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MEDICATION AUTHORITY FORM

For students requiring medication to be administered at school

This form should, ideally, be signed by the student's medical/health practitioner for all medication to be administered at school but schools may proceed on the signed authority of parents in the absence of a signature from a medical practitioner.

- For students with asthma, [Asthma Australia's School Asthma Care Plan](#)
- For students with anaphylaxis, an [ASCIA Action Plan for Anaphylaxis](#)

Please only complete the sections below that are relevant to the student's health support needs. If additional advice is required, please attach it to this form.

Please note: wherever possible, medication should be scheduled outside school hours, eg medication required three times daily is generally not required during a school day – it can be taken before and after school and before bed.

Student Details

Name of school: Point Cook Senior Secondary College

Name of student: _____ Date of Birth: _____

Medic Alert Number (if relevant): _____

Review date for this form: _____

Medication to be administered at school:

Name of Medication	Dosage (amount)	Time/s to be taken	How is it to be taken? (e.g. oral/topical/injection)	Dates to be administered	Supervision required
				Start: / / End: / / OR <input type="checkbox"/> Ongoing medication	<input type="checkbox"/> No – student self-managing <input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer
				Start: / / End: / / OR <input type="checkbox"/> Ongoing medication	<input type="checkbox"/> No – student self-managing <input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer

Medication delivered to the school

Please indicate if there are any specific storage instructions for any medication:

Medication delivered to the school

Please ensure that medication delivered to the school:

- ☐ Is in its original package
- ☐ The pharmacy label matches the information included in this form

Supervision required

Students in the early years will generally need supervision of their medication and other aspects of health care management. In line with their age and stage of development and capabilities, older students can take responsibility for their own health care. Self-management should be agreed to by the student and their parents/carers, the school and the student's medical/health practitioner.

Please describe what supervision or assistance is required by the student when taking medication at school (e.g. remind, observe, assist or administer):

Monitoring effects of medication

Please note: School staff **do not** monitor the effects of medication and will seek emergency medical assistance if concerned about a student's behaviour following medication.

Privacy Statement

We collect personal and health information to plan for and support the health care needs of our students. Information collected will be used and disclosed in accordance with the Department of Education and Training's privacy policy which applies to all government schools (available at: <http://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx>) and the law.

Authorisation to administer medication in accordance with this form:

Name of parent/carer: _____

Signature: _____ Date: _____

Name of medical/health practitioner: _____

Professional role: _____

Signature: _____ Date: _____

Contact details: _____

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STUDENT HEALTH SUPPORT PLAN

This plan outlines how the school will support the student's health care needs, based on health advice received from the student's medical/health practitioner. **This form must be completed for each student with an identified health care need** (not including those with Anaphylaxis as this is done via an Individual Anaphylaxis Management Plan – see www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx)

This Plan is to be completed by the principal or nominee in collaboration with the parent/carer and student.

School:		Phone:
Student's name:		Date of birth:
Year level:		Proposed date for review of this plan:
Parent/carer contact information (1)	Parent/carer contact information (2)	Other emergency contacts (if parent/carer not available)
Name:	Name:	Name:
Relationship:	Relationship:	Relationship:
Home phone:	Home phone:	Home phone:
Work phone:	Work phone:	Work phone:
Mobile:	Mobile:	Mobile:
Address:	Address:	Address:
Medical /Health practitioner contact:		
<input type="checkbox"/> General Medical Advice Form - for a student with a health condition <input type="checkbox"/> School Asthma Action Plan <input type="checkbox"/> Condition Specific Medical Advice Form – Cystic Fibrosis <input type="checkbox"/> Condition Specific Medical Advice Form – Acquired Brain Injury <input type="checkbox"/> Condition Specific Medical Advice Form – Cancer <input type="checkbox"/> Condition Specific Medical Advice Form – Diabetes <input type="checkbox"/> Condition Specific Medical Advice Form – Epilepsy <input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for transfers and positioning <input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for oral eating and drinking <input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for toileting, hygiene and menstrual health management		
List who will receive copies of this Student Health Support Plan :		
1. Student's Family 2. Other: _____ 3. Other: _____		
The following Student Health Support Plan has been developed with my knowledge and input		
Name of parent/carer or adult/mature minor** student: _____ Signature: _____ Date: _____		
**Please note: Mature minor is a student who is capable of making their own decisions on a range of issues, before they reach eighteen years of age. See: Decision Making Responsibility for Students - School Policy and Advisory Guide		
Name of principal (or nominee): _____ Signature: _____ Date: _____		
Privacy Statement		
The school collects personal information so as the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly or FOI Unit on 96372670.		

HOW THE SCHOOL WILL SUPPORT THE STUDENT'S HEALTH CARE NEEDS

Student's name:	
Date of birth:	Year level:
What is the health care need identified by the student's medical/health practitioner?	
Other known health conditions:	
When will the student commence attending school?	
Detail any actions and timelines to enable attendance and any interim provisions:	

Below are some questions that may need to be considered when detailing the support that will be provided for the student's health care needs. These questions should be used as a guide only.

Support	What needs to be considered?	Strategy – how will the school support the student's health care needs?	Person Responsible for ensuring the support
Overall Support	Is it necessary to provide the support during the school day?	<i>For example, some medication can be taken at home and does not need to be brought to the school.</i>	
	How can the recommended support be provided in the simplest manner, with minimal interruption to the education and care program?	<i>For example, students using nebulisers can often learn to use puffers and spacers at school.</i>	
	Who should provide the support?	<i>For example, the principal should conduct a risk assessment for staff and ask:</i> <i>Does the support fit with assigned staff duties, the scope of their position, and basic first aid training (see the Department's First Aid Policy www.education.vic.gov.au/hrweb/ohs/health/firstaid.htm)</i> <i>Are additional or different staffing or training arrangements required?</i>	
	How can the support be provided in a way that respects dignity, privacy, comfort and safety and enhances learning?	<i>For example, detail the steps taken to ensure that the support provided respects the student's dignity, privacy, comfort and safety and enhances learning.</i>	
First Aid	Does the medical/health information highlight any individual first aid requirements for the student, other than basic first aid?	<i>Discuss and agree on the individual first aid plan with the parent/carer.</i> <i>Ensure that there are sufficient staff trained in basic first aid (see the Department's First Aid Policy www.education.vic.gov.au/hrweb/ohs/health/firstaid.htm)</i> <i>Ensure that all relevant school staff are informed about the first aid response for the student.</i>	
	Are there additional training modules that staff could undertake to further support the student, such as staff involved with excursions and specific educational programs or activities?	<i>Ensure that relevant staff undertake the agreed additional training</i> <i>Ensure that there are contingency provisions in place (whilst awaiting the staff member to receive training), to facilitate the student's attendance at school.</i>	

Support	What needs to be considered?	Strategy – how will the school support the student’s health care needs?	Person Responsible for ensuring the support
Complex medical needs	Does the student have a complex medical care need?	<p><i>Is specific training required by relevant school staff to meet the student’s complex medical care need?</i></p> <p><i>The Schoolcare Program enables students with ongoing complex medical needs to have their health care requirements met safely at school. This program is available to students who would be unable to attend school without the procedure being performed by appropriately trained staff. Following the referral process, RCH nurses will attend your school and provide specialist training to nominated school staff.</i></p> <p><i>Further information about the Schoolcare Program may be found in the Schoolcare Program Guidelines and Referral form at:</i> www.education.vic.gov.au/school/teachers/learningneeds/Pages/programsapp.aspx</p>	
Personal Care	Does the medical/health information highlight a predictable need for additional support with daily living tasks?	<p><i>Detail how the school will support the student’s personal care needs, for example in relation to nose blowing, washing hands, toileting care (including menstrual health management and other aspects of personal hygiene)</i></p> <p><i>Would the use of a care and learning plan for toileting or hygiene be appropriate?</i></p>	
Routine Supervision for health-related safety	Does the student require medication to be administered and/or stored at the School?	<p><i>Ensure that the parent/carer is aware of the school’s policy on medication management.</i></p> <p><i>Ensure that written advice is received, ideally from the student’s medical/health practitioner for appropriate storage and administration of the medication – via the Department’s Medication Authority Form.</i></p> <p><i>Ensure that a medication log or equivalent official medications register is completed by the person administering the taking of the medication.</i></p>	
	Are there any facilities issues that need to be addressed?	<p><i>Ensure the school’s first aid room/sick bay and its contents provide the minimum requirements and discuss whether other requirements can be facilitated in this room to meet the student’s health care needs.</i></p> <p><i>Ensure the school provides necessary reasonable adjustments to assist a student who requires a wheelchair or other technical support. Discuss requirements and possible modifications with the parent/carer/student.</i></p>	
	Does the student require assistance by a visiting nurse, physiotherapist, or other health worker?	<p><i>Detail who the worker is, the contact staff member and how, when and where they will provide support.</i></p> <p><i>Ensure that the school provides a facility which enables the provision of the health service.</i></p>	
	Who is responsible for management of health records at the school?	<i>Ensure that information privacy principles are applied when collecting, using, retaining or disposing of personal or health information.</i>	
	Where relevant, what steps have been put in place to support continuity and relevance of curriculum for the student?	<i>For example, accommodation in curriculum design and delivery and in assessment for a student in transition between home, hospital and school; for a student’s attendance (full-time, part-time or episodically).</i>	

Support	What needs to be considered?	Strategy – how will the school support the student's health care needs?	Person Responsible for ensuring the support
Other considerations	Are there other considerations relevant for this health support plan?	<p><i>For example, in relation to behaviour, such as special permission to leave group activities as needed; planned, supportive peer environment.</i></p> <p><i>For example, in relation to the environment, such as minimising risks such as allergens or other risk factors.</i></p> <p><i>For example, in relation to communication, is there a need to formally outline the communication channels between the school, family and health/medical practitioner?</i></p> <p><i>For example, is there a need for planned support for siblings/peers?</i></p>	

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ACTION PLAN FOR Anaphylaxis

Name: _____ Date of birth: DD / MM / YYYY

Confirmed allergen(s): _____

Family/emergency contact(s):

1. _____ Mobile: _____

2. _____ Mobile: _____

Plan prepared by: _____ (doctor or nurse practitioner) who authorises medications to be given, as consented by the parent/guardian, according to this plan.

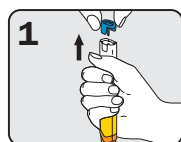
Signed: _____ Date: DD / MM / YYYY

Antihistamine: _____ Dose: _____

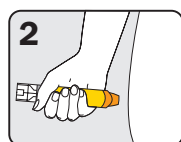
This plan does not expire but review is recommended by: DD / MM / YYYY

How to give adrenaline (epinephrine) injectors

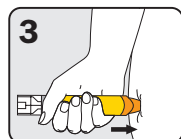
EpiPen®



Form fist around EpiPen® and PULL OFF **BLUE** SAFETY RELEASE



Hold leg still and PLACE **ORANGE** END against outer mid-thigh (with or without clothing)



PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

EpiPen® is prescribed as follows:

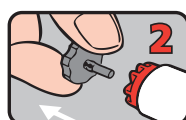
EpiPen® Jr (150 mcg) for children 7.5-20kg

EpiPen® (300 mcg) for children over 20kg and adults

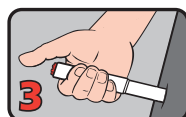
Anapen®



PULL OFF **BLACK** NEEDLE SHIELD



PULL OFF **GREY** SAFETY CAP from red button



PLACE NEEDLE END **FIRMLY** against outer mid-thigh at 90° angle (with or without clothing)



PRESS **RED** BUTTON so it clicks and hold for 3 seconds. REMOVE Anapen®

Anapen® is prescribed as follows:

Anapen® 150 Junior for children 7.5-20kg

Anapen® 300 for children over 20kg and adults

Anapen® 500 for children and adults over 50kg

MILD TO MODERATE ALLERGIC REACTIONS

SIGNS:

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting - **these are signs of anaphylaxis for insect allergy**

Mild to moderate allergic reactions may not always occur before anaphylaxis

ACTIONS:

- Stay with person, call for help
- Locate adrenaline injector
- **Give antihistamine - see above**
- Phone family/emergency contact
- Insect allergy - flick out sting if visible
- Tick allergy - seek medical help or freeze tick and let it drop off

SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

Watch for ANY ONE of the following signs:

- Difficult or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Wheeze or persistent cough
- Difficulty talking or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTIONS FOR ANAPHYLAXIS

1 LAY PERSON FLAT - do NOT allow them to stand or walk

- If unconscious or pregnant, place in recovery position - on left side if pregnant
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright



2 GIVE ADRENALINE INJECTOR

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

IF IN DOUBT GIVE ADRENALINE INJECTOR

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS GIVE ADRENALINE INJECTOR FIRST, and then asthma reliever puffer

if someone with known asthma and allergy to food, insects or medication (who may have been exposed to the allergen) has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.

If adrenaline is accidentally injected, phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

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ASTHMA ACTION PLAN

Take me when you visit your doctor



Photo (optional)

Name:

Plan date:

Review date:

Doctor details:

EMERGENCY CONTACT

Name:

Phone:

Relationship:



WELL CONTROLLED is all of these...

- ☒ needing reliever medicine no more than 2 days/week
- ☒ no asthma at night
- ☒ no asthma when I wake up
- ☒ can do all my activities

Peak flow reading (if used) above _____



TAKE preventer

Name

morning ☐ night ☐ puffs/inhalations

- ☐ Use my preventer, even when well controlled
- ☐ Use my spacer with my puffer

TAKE reliever

Name

☐ puffs/inhalations as needed ☐ puffs/inhalations 15 minutes before exercise

- ☐ Always carry my reliever medicine



FLARE-UP Asthma symptoms getting worse such as **any** of these...

- needing reliever medicine more than usual OR more than 2 days/week
- woke up overnight with asthma
- had asthma when I woke up
- can't do all my activities

Peak flow reading (if used) between _____ and _____

My triggers and symptoms



TAKE preventer

Name

morning ☐ night ☐ puffs/inhalations for ☐ days then back to **well controlled** dose

TAKE reliever

Name

☐ puffs/inhalations as needed

START other medicine

Name/dose/days/other treatments

MAKE appointment to see my doctor **same day or as soon as possible**



SEVERE Asthma symptoms getting worse such as **any** of these...

- reliever medicine not lasting 3 hours
- woke up frequently overnight with asthma
- had asthma when I woke up
- difficulty breathing

Peak flow reading (if used) between _____ and _____

My triggers and symptoms



TAKE preventer

Name

morning ☐ night ☐ puffs/inhalations for ☐ days then back to **well controlled** dose

TAKE reliever

Name

☐ puffs/inhalations as needed

START other medicine

Name/dose/days/other treatments

MAKE appointment to see my doctor **TODAY**

- ☐ If unable to see my doctor, visit a hospital

OTHER INSTRUCTIONS

Other medicines, treatments, dose, duration, etc



EMERGENCY is **any** of these...

- reliever medicine not working at all
- can't speak a full sentence
- extreme difficulty breathing
- feel asthma is out of control
- lips turning blue

Peak flow reading (if used) below _____



1



CALL AMBULANCE NOW

Dial Triple Zero (000)

2



START ASTHMA FIRST AID

Turn page for Asthma First Aid

ASTHMA FIRST AID

Blue/Grey Reliever

Airomir, Asmol, Ventolin or Zempreon and Bricanyl

Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma



DIAL TRIPLE ZERO (000) FOR AN AMBULANCE IMMEDIATELY IF THE PERSON:

- is not breathing
- suddenly becomes worse or is not improving
- is having an asthma attack and a reliever is not available
- is unsure if it is asthma
- **has a known allergy to food, insects or medication and has SUDDEN BREATHING DIFFICULTY, GIVE ADRENALINE AUTOINJECTOR FIRST (if available)**

1



SIT THE PERSON UPRIGHT

- Be calm and reassuring
- Do not leave them alone

2



GIVE 4 SEPARATE PUFFS OF RELIEVER PUFFER

- Shake puffer
- Put 1 puff into spacer
- Take 4 breaths from spacer
 - Repeat until 4 separate puffs have been taken



If using **Bricanyl** (5 years or older)

- **Do not shake.** Open, twist around and back, and take a deep breath in
- Repeat until 2 separate inhalations have been taken

If you don't have a spacer handy in an emergency, take 1 puff as you take 1 slow, deep breath and hold breath for as long as comfortable. **Repeat** until all puffs are given

3



WAIT 4 MINUTES

- If breathing does not return to normal, give 4 more separate puffs of reliever as above



Bricanyl: Give 1 more inhalation

IF BREATHING DOES NOT RETURN TO NORMAL

4



DIAL TRIPLE ZERO (000)

- Say 'ambulance' and that someone is having an asthma attack
- Keep giving 4 separate puffs every 4 minutes until emergency assistance arrives



Bricanyl: Give 1 more inhalation every 4 minutes until emergency assistance arrives

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Parent VET Permission Notice

SURNAME _____ First Name _____ Date of Birth: ____/____/____

USI NUMBER: _____

VSN: _____ ☐ 11 VCE ☐ 11 VM ☐ 12 VCE ☐ 12VM

☐ Year 10

VET course selected: 1 _____
2 _____

Student Mobile: _____ Student Personal Email: _____

Home address: _____

Parent/Guardian(s) Name _____

Parent/Guardian(s) Mobile: _____ Home: _____

Parent Email: _____

Please fill out the mobile field so you can receive a SMS if your class has been cancelled; bus timetables, or to notify you of any other info on their VET course throughout 2026.

My son/daughter will be undertaking classes/SWL placement away from the school site as part of: **[VET in Schools program]**

See VETiS Cluster Handbook for all class dates, times and venues.

1. I give permission for my son/daughter to attend the above-mentioned classes & attend any course organised excursions which run at various venues and only need an informative notice of excursions throughout the year. I am aware that my son/daughter will not be supervised by school staff when undertaking classes at the premises of the external provider or when travelling by a VET cluster bus to and from the provider and during break times.
2. I am aware that non-school environments differ from school environments and direct supervision from staff will not be provided during study breaks at the external provider; I also give permission to leave VET venue during lunchtime to obtain lunch unsupervised.
3. I am aware that no responsibility is accepted by the Principal and staff of the school for the loss, theft or damage of personal property belonging to or in the possession of my son/daughter.
4. I understand that I will be notified as soon as possible in the event of illness or accident to my child, but where it is impracticable to communicate with me I authorise the person in charge (or his/her nominee) at the external/HOST provider to administer first aid to my son/daughter, and to consent to my son/daughter receiving such medical and surgical treatment (including the administration of an anaesthetic) as may be deemed necessary by a legally qualified medical practitioner. I accept full responsibility for the payment of fees incurred should my son/daughter require such treatment.
5. I have attached details of any known medical condition which may affect my son/daughter and any current or recent medication or treatment relating to my son/daughter or that may be relevant. I have attached details of my son/daughter's disability in order to assist the trainer to develop plans around my child's specific needs.
6. I will alert the school and the external/HOST provider if there are any changes to the attached details or if I become aware of circumstances which raise concerns as to the safety of my son/daughter participating in this program.
7. I give permission for the school to provide my details, and my child's details to the organisation of which my child will be attending for the delivery of the VET/SWL program, as well as give my consent for my child to receive medical attention if required.
8. I hereby acknowledge the VET fees and will pay them by the due date.

☐ Medical information attached ☐ My child **does not** have any medical plan that are relevant

Emergency Contacts and Medical Report

for VET in Schools classes in the Hobsons Bay VET Cluster

I give consent for my son/daughter (please insert student's name) _____

to participate in the VET (specify type of VET program) _____

Home School: _____ Point Cook Senior College _____

Signed: _____ Print name of parent: _____

Date: ____./____./2026

Parent's / Guardian's Full Name _____

Address: _____ Postcode _____

Emergency Telephone: Home: _____ Work: _____

Name of Family Doctor: _____

Address: _____

Medicare Number: _____

Medical / Hospital Insurance Fund: _____ Contribution Number: _____

Ambulance Subscription: Yes / No _____ Membership Number: _____

Health care card holder: Yes / No _____ Membership Number: _____

Medication

1. Is your student presently taking any medication? YES / NO

If YES, please state name of medication, dosage and possible side effects if known etc:

Please attach to this form any details of known medical conditions which may affect this student and any current or recent medication or treatment that may be relevant.

2. The teachers in charge of the class will expect the student to retain control of medication and will leave responsibility with the individual student. (Please label all medication with the student's name, dose to be taken and when it should be taken).

3. Does your child have a medical plan? ☐ YES ☐ NO

If YES, Parent/Guardian(s), I give consent to the sharing of this medical plan in the best interest of my child's health and educational advancement. (Attached to this form)

4. Does your child have any additional needs ☐ YES ☐ NO

If Yes I give consent to sharing this information in the best interest of my child educational advancement.

*** Please note: Census date is the 19th of February 2026**

I have read and give permission for my child to undertake the stated VET/SWL Program/s and I will adhere to all the conditions of this form.

Parent/Guardian Signature: _____ Print Name: _____

Date: _____

Student's Commitment:

I, _____ agree to the following terms and conditions for participating in VET/SWL placements:

- To behave in a manner that is expected of students; and
- To comply with any lawful requests or instructions given by staff

Students Name _____

Signed: _____ Date ____./____./____

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