



MANSFIELD SECONDARY COLLEGE 2021 ENROLMENT FORM

PLEASE RETURN ALL ATTACHED FORMS TO MSC FRONT OFFICE BY 30TH OCTOBER 2020

PRIVACY NOTICE.

Information about the Enrolment Form.

Please read this notice before completing the enrolment form.

For accuracy and completeness both the student seeking enrolment and a parent/carer should complete the form.

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

During the ordinary course of your child's attendance at Mansfield Secondary College, staff will collect your child's personal and health information when necessary to educate your child, or to support your child's social and emotional wellbeing or health. Such information will also be collected when required to fulfil a legal obligation, including duty of care, anti-discrimination law and occupational health and safety law. If that information is not collected, MSC may be unable to provide optimal education or support to your child, or fulfil those legal obligations.

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

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

Protecting your privacy and sharing information. The information about your child and family collected through this Enrolment Form will only be shared with school staff who need to know to enable Mansfield Secondary College to educate or support your child, or to fulfil legal obligations including duty of care, anti-discrimination law and occupational health and safety law. In some limited circumstances, information may be disclosed outside Mansfield Secondary College (and outside of the Department of Education and Training). The school will seek your consent for such disclosures unless the disclosure allowed or mandated by law.

Use of online tools (including apps and other software) to collect and manage information . Mansfield Secondary College uses online tools, such as Xuno and other software, to effectively collect and manage information about your child for teaching and learning purposes, parent communication and engagement; student administration; and school management purposes. When MSC uses these online tools, we take steps to ensure that your child's information is secure. If you have any concerns about the use of these online tools, please contact the principal.

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

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

Visa status for Non Australian Residents. Mansfield Secondary College requires this information to process your child's enrolment.

Updating your child's personal and health information. Please inform Mansfield Secondary College if, and when, there are any updates to any of the personal or health information you provide on the Enrolment Form.

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

Student transfers between Victorian government schools. When our students transfer to another Victorian government school, Mansfield Secondary College will transfer the student's personal and health information to that next school. This may include copies of student's school records, including any health information. Transferring this information assist the next school to provide the best possible education and support to students.

Mansfield Secondary College values the privacy of every person. When collecting and managing personal and health information, all school staff must comply with Victorian privacy law.

Throughout this notice, 'staff' includes principals, teachers, Student Support Service officers, youth workers, social workers, nurses and any other allied health practitioners and all other staff at our school. This includes employees, agents and service providers (contractors) of the Department, whether paid or unpaid.

For more information about privacy including about how to access personal and health information held by the school about you or your child, see the DET school's privacy policy:

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

And Mansfield Secondary College Privacy Policy:

If you have any concerns about the confidentiality of this information please contact the Principal. Mansfield Secondary College can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form.

MANSFIELD SECONDARY COLLEGE



STUDENT ENROLMENT INFORMATION – 2021	Computer Generated Student ID:	
Year Level:	Commencement Date:	

STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

Surname:			Title: (Miss Ms, Mrs Mr)
First Given Name:			
Second Given Name:			
Preferred Name (if applicable):			
❖ Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth Date: (dd-mm-yyyy) _____ / _____ / _____
Student Mobile Number:			

PRIMARY FAMILY HOME ADDRESS:

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

OFFICE USE ONLY

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

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". The Alternative family form in the pack is for the other parent living separately.

ADULT A DETAILS (PRIMARY CARER):

Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Title: (Ms, Mrs, Mr, Dr etc)		
Legal Surname:		
Legal First Name:		
What is Adult A's occupation?		
Who is Adult A's employer?		
In which country was Adult A born?		
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify):	
❖ Does Adult A speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)		
<input type="checkbox"/> No, English only		
<input type="checkbox"/> Yes (please specify):		
Please indicate any additional languages spoken by Adult A:		
Is an interpreter required? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
❖ What is the highest year of primary or secondary school Adult A has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)		
<input type="checkbox"/> Year 12 or equivalent		
<input type="checkbox"/> Year 11 or equivalent		
<input type="checkbox"/> Year 10 or equivalent		
<input type="checkbox"/> Year 9 or equivalent or below		
❖ What is the level of the highest qualification the Adult A has completed? (tick one)		
<input type="checkbox"/> Bachelor degree or above		
<input type="checkbox"/> Advanced diploma / Diploma		
<input type="checkbox"/> Certificate I to IV (including trade certificate)		
<input type="checkbox"/> No non-school qualification		
Please refer to the Occupation Category Summary table. A full description of Occupation Categories is attached to the back of the enrolment		
❖ What is the occupation group of Adult A? Please select the appropriate parental occupation group from the attached list.		
<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 occupation group list. If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. 		

ADULT B DETAILS:

Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Title: (Ms, Mrs, Mr, Dr etc)		
Legal Surname:		
Legal First Name:		
What is Adult B's occupation?		
Who is Adult B's employer?		
In which country was Adult B born?		
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify):	
❖ Does Adult B speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)		
<input type="checkbox"/> No, English only		
<input type="checkbox"/> Yes (please specify):		
Please indicate any additional languages spoken by Adult B:		
Is an interpreter required? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
❖ What is the highest year of primary or secondary school Adult B has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)		
<input type="checkbox"/> Year 12 or equivalent		
<input type="checkbox"/> Year 11 or equivalent		
<input type="checkbox"/> Year 10 or equivalent		
<input type="checkbox"/> Year 9 or equivalent or below		
❖ What is the level of the highest qualification the Adult B has completed? (tick one)		
<input type="checkbox"/> Bachelor degree or above		
<input type="checkbox"/> Advanced diploma / Diploma		
<input type="checkbox"/> Certificate I to IV (including trade certificate)		
<input type="checkbox"/> No non-school qualification		
Please refer to the Occupation Category Summary table. A full description of Occupation Categories is attached to the back of the enrolment		
❖ What is the occupation group of Adult B? Please select the appropriate parental occupation group from the attached list.		
<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 occupation group list. If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. 		

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

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

The occupational categories used in the calculation of Student Family Occupation (SFO) funding are shown in the table below.

The numerical weighting, averaged across the College, is used to ensure the equitable funding of ALL state schools.

Please do not overstate your occupation as this could adversely affect the amount of funding we receive. The amount of funding we receive determines the quality of resources and educational programs we can provide to our students. Please note that if we are not advised of your occupation, we MUST categorise you in the group that attract the LEAST amount of funding,

OCCUPATION GROUP	OCCUPATION CATEGORY	WEIGHTING
A	Senior management in large business organisation, government administration, defence and qualified professionals	0
B	Other business managers, arts/media/sportspersons and associate professionals	0.25
C	Tradesmen/women, skilled office, sales service staff	0.5
D	Machine operators, hospitality staff, assistants, labourers and related workers	0.75
N	Between jobs or unemployed, home duties, studying full-time and pensioners (for 12 months or longer)	1

For detailed descriptions of Occupational Categories refer to the attachment at the end of the enrolment forms.

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:		

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 A usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Home Telephone No:			
Other After Hours Contact Information:			
Mobile No:			
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Adult A's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)			
<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Phone	<input type="checkbox"/> Facsimile
Email address:			
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Fax Number:			

After Hours:

Is Adult B usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Home Telephone No:			
Other After Hours Contact Information:			
Mobile No:			
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Adult B's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)			
<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Phone	<input type="checkbox"/> Facsimile
Email address:			
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Fax Number:			

PRIMARY FAMILY MAILING ADDRESS:

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

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

PRIMARY FAMILY DOCTOR DETAILS:

Doctor's Name		Individual or Group Practice: (tick) <input type="checkbox"/> Individual <input type="checkbox"/> Group	
No. & Street or PO Box No.:			
Suburb:			
State:		Postcode:	
Telephone Number		Fax Number	
Current Ambulance Subscription: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		Medicare Number:	

PRIMARY FAMILY EMERGENCY CONTACTS:

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

PRIMARY FAMILY BILLING ADDRESS: WRITE "AS ABOVE" IF THE SAME AS FAMILY HOME ADDRESS

No. & Street or PO Box	
Suburb:	
State:	Postcode:
Billing Email	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Other (Please Specify)

OTHER PRIMARY FAMILY DETAILS

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

The student lives with the Primary Family: (tick one)				
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never

Send Correspondence addressed to: (tick one)	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both Adults	<input type="checkbox"/> Neither
---	----------------------------------	----------------------------------	--------------------------------------	----------------------------------

DEMOGRAPHIC DETAILS OF STUDENT

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

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

Note: Special Schools – please go to section “Travel Details for Special Schools” to enter transport details.

Beginning of journey to school:	Map Type	Melway / VicRoads / Country Fire Authority / Other		
Map Number	X Reference	Y Reference		
Usual mode of transport to school: (tick)				
<input type="checkbox"/> Walking	<input type="checkbox"/> School Bus	<input type="checkbox"/> Train	<input type="checkbox"/> Driven	<input type="checkbox"/> Taxi
<input type="checkbox"/> Bicycle	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Tram	<input type="checkbox"/> Self Driven	<input type="checkbox"/> Other
If student drives themselves to school:	Car Reg. No.	_____	Distance to School in kilometres:	_____

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

SCHOOL DETAILS

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

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"/> Intervention Order	<input type="checkbox"/> Protection Order
	<input type="checkbox"/> Informal Carer Stat Dec	<input type="checkbox"/> DHHS Authorisation	<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
--	------------------------------	-----------------------------

STUDENT MEDICAL DETAILS

MEDICAL CONDITION DETAILS:

Does the student suffer from any of the following impairments? (tick)	Hearing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vision	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Speech:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mobility:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student suffer from Asthma? (tick) If No, please go to the Other Medical Conditions section					<input type="checkbox"/> Yes	<input type="checkbox"/> No

ASTHMA MEDICAL CONDITION DETAILS: IF YOU TICK 'YES' TO THIS QUESTION, IT IS A CONDITION OF YOUR ENROLMENT THAT YOU PROVIDE TO THE SCHOOL AN 'ASTHMA MANAGEMENT PLAN' SIGNED BY YOUR DOCTOR

Please indicate if the student suffers from any of the following symptoms: (tick)		If my child displays any of these symptoms please: (tick)	
<input type="checkbox"/> Cough		Inform Doctor	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Difficulty Breathing		Inform Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Wheeze		Administer Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Exhibits symptoms after exertion		Other Medical Action	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Tight Chest		If yes, please specify:	
Has an Asthma Management Plan been provided to School?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student take medication? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of medication taken:	
Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick)		<input type="checkbox"/> Preventative	<input type="checkbox"/> Response
Indicate the usual dosage of medication taken:		Indicate how frequently the medication is taken:	
Medication is usually administered by: (tick)		<input type="checkbox"/> Student	<input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other
Medication is stored: (tick)		<input type="checkbox"/> with Student	<input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere
Dosage time	Reminder required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	Poison Rating	

OTHER MEDICAL CONDITIONS

ANAPHYLAXIS – IF YOUR CHILD SUFFERS FROM ANAPHYLAXIS, IT IS A CONDITION OF YOUR ENROLMENT THAT YOU PROVIDE TO THE SCHOOL AN 'ANAPHYLAXIS MANAGEMENT PLAN' SIGNED BY YOUR DOCTOR.

Does the student have any other medical condition? (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:			
Symptoms:			
If my child displays any of the symptoms above please: (tick)			
Inform Doctor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inform Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
Administer Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Medical Action	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify:			
Does the student take medication? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of medication taken:	
Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick)		<input type="checkbox"/> Preventative	<input type="checkbox"/> Response
Indicate the usual dosage of medication taken:		Indicate how frequently the medication is taken:	
Medication is usually administered by: (tick)		<input type="checkbox"/> Student	<input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other
Medication is stored: (tick)		<input type="checkbox"/> with Student	<input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere
Dosage time	Reminder required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	Poison Rating	

STUDENT DOCTOR DETAILS

The following details should **only** be provided if **this** student has a Doctor and/or Medicare number different to the Primary Family.

Doctor's Name:			
Individual or Group Practice: (tick)	<input type="checkbox"/> Individual	<input type="checkbox"/> Group	
No. & Street or PO Box No.:			
Suburb:			
State:		Postcode:	
Telephone Number		Fax Number	
Student Medicare Number:			

STUDENT EMERGENCY CONTACTS

This section should **ONLY** be filled out if **THIS** student has emergency contacts other than the Prime Family Emergency Contacts.

	<i>Name</i>	<i>Relationship</i> (Neighbour, Relative, Friend or Other)	<i>Language Spoken</i> (If English Write "E")	<i>Telephone Contact</i>
1				
2				

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: ____ / ____ / ____

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS STUDENT ENROLMENT FORM. WE UNDERSTAND THAT THE INFORMATION YOU HAVE PROVIDED IS CONFIDENTIAL AND WILL BE TREATED AS SUCH, BUT THE DETAILS ARE REQUIRED TO ENABLE STAFF TO PROPERLY ENROL YOUR CHILD AT OUR SCHOOL.

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

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

PARENTAL OCCUPATION GROUP CODES

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

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

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

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

fire

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

Defence Forces Commissioned Officer

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

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

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

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

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

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

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

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

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

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

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

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

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

Skilled office, sales and service staff:

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

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

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

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

Office assistants, sales assistants and other assistants:

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

Labourers and related workers

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



Learning Needs

Please tell us about any learning or behavioural needs or difficulties your child has experienced so that we can better assist them to achieve their desired learning outcomes.

- Dyslexia
- Dyscalculia
- Language Disorder
- Autism Spectrum Disorder (ASD)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Oppositional Defiant Disorder (ODD)
- Attention Deficit Disorder (ADD)
- Intellectual Disability
- Low level literacy skills
- Low level numeracy skills
- Other, please specify _____

Please indicate if you have any reports about your child's learning needs from a professional provider such as:

- Paediatrician
- Occupational Therapist
- Psychologist
- Speech Pathologist
- Other, please specify _____

Please provide copies of any reports to assist school staff to support your child.

Please note that any information you provide is private and confidential.

This is also an opportunity to request support if you have a specific concern regarding your child's social, emotional or educational needs. We encourage you to request a meeting with the school if you have concerns you would like addressed and to learn about the support and assistance we can give to you and your child. Please contact the Front Office on 5775 2022 to make an appointment.

Please provide any additional information below:

After consultation with families, we will engage with the appropriate following Student Support Services:

- Psychologists and guidance officers
- Social workers
- Speech pathologists
- Other allied health officers
- Board Certified Behaviour Analysts
- Visiting teachers
- MASS (Mansfield Autism Statewide Services)



Consent Notices

UNIFORM POLICY:

<http://www.mansfieldsc.vic.edu.au/mansfield-secondary-college/policies-documents-library/college-policies/11-uniform-policy/file>

Student Agreement:

I have read, accept and will support Mansfield Secondary College in implementing the Uniform Policy.

STUDENT NAME (print): _____

STUDENT SIGNATURE: _____

AGE: _____ **YEAR LEVEL:** _____

DATE: _____

Where student is under 18 years of age a parent or guardian must also sign.

Parent/ Legal Guardian Agreement:

I have read, accept and will support Mansfield Secondary College in implementing the Uniform Policy.

STUDENT NAME (print): _____

PARENT/ LEGAL GUARDIAN NAME: _____

PARENT/ LEGAL GUARDIAN SIGNATURE: _____

DATE: _____



Consent Notices

ACCEPTABLE USE OF ELECTRONIC DEVICES POLICY:

<http://www.mansfieldsc.vic.edu.au/mansfield-secondary-college/policies-documents-library/college-policies/37-acceptable-use-of-electronic-devices-policy/file>

Student Agreement:

I have read and understood the Acceptable Use of Electronic Devices Policy. I agree to abide by this policy when making use of Mansfield Secondary College ICT facilities.

- I understand that the school provides me with access to a range of essential learning tools, including the internet. I understand that the internet can connect me to useful information
- While I have access to the school's ICT network: I will only use it for educational purposes; I will not undertake or look for anything that is illegal, dangerous or offensive; and I will not reveal my password or allow anyone else to use my school account
- I will not use the school's ICT network (including the internet) to offend or bully anyone
- I agree to use my personal electronic device(s) in accordance with the policy
- I understand that if the school decides I have broken the school rules, appropriate action will be taken, which may include loss of access to the network (including the internet) for some time

Student Name: _____ **Year Level:** _____

Student Signature: _____ **Date:** _____

Parental/ Legal Guardian Agreement:

As the parent/legal guardian of _____ I acknowledge that I have read the agreement on student use of mobile electronic devices and discussed it with my child. I understand that the use of electronic devices is designed for educational purposes. I understand that breaking of these rules may result in the withdrawal of network privileges or other sanctions.

I recognise that while every effort will be made to monitor student's use of the facilities, it is impossible for Mansfield Secondary College to continually monitor and restrict access to all equipment and materials. I further acknowledge that while questionable material exists on the internet, the user must actively seek it and therefore is ultimately responsible for bringing such material into the school. I, therefore, do not hold the staff of Mansfield Secondary College responsible for any material acquired from the Internet.

Parent/ Legal Guardian Signature: _____

Date: _____



Consent Notices

LOCAL TRAVEL:

As part of the College curriculum and programs, students often need to attend various locations within the township of Mansfield. On some occasions buses/cars are used, at other times groups walk. In all situations, teacher supervision is provided according to departmental guidelines. If an out-of-town, overnight or adventure activity is arranged, specific travel and permission forms are sent home with a letter detailing itinerary and program and are required to be returned before a student may attend.

Parents are asked to sign this form to indicate their consent for the various local activities such as:

Curriculum Activities#	Town Locations#
Business establishments Combined school activities Cross-age tutoring Leisure and Recreation Program Music and dramatic performances Physical Education lessons Remembrance Day services School representation at special events eg. Mountain Country Festival, visits by local sporting teams or identities, Sports' coaching, umpiring, assistance Town based surveys Visits to community facilities and institutions Whole school sport activities	Botanic Park Elvin's St Tennis Courts High Country Library Lord's Reserve Mansfield Cemetery Mansfield Cinema Mansfield Community Centre Mansfield Courthouse Mansfield Fire Station Mansfield Golf Course Mansfield Mullum Wetlands Mansfield Primary School Mansfield Sporting Complex Mansfield Swimming Pool Mansfield Town Oval Shopping Precinct St Mary's Primary School

not to be regarded as an exhaustive list

I give permission for my son/daughter..... to travel by bus or on foot to venues within the Mansfield town-ship as a member of school class excursion party.

I authorise the teacher in charge, where it is impracticable to communicate with me, to consent to him/her receiving such medical treatment as may be deemed necessary.

Signature(s) of Parents/Guardians:

Dated ___/___/20___