



Student Enrolment Information

Secondary School 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 their Parent/Carer should complete the form.

This confidential enrolment form asks for personal information about the student, family members and others that provide care for them. The main purpose for collecting this information is so that Lowanna College can register the student and allocate staff and resources to provide for their educational and support needs.

Health information is asked for so that staff at Lowanna College can properly care for the student. This includes information about any medical condition or disability the student may have, medication they may rely on while at school, any known allergies and contact details of the student's doctor. Lowanna College depends on all relevant health information being provided because withholding some health information may put the student's health at risk.

Lowanna College requires information about all parents, guardians or carers so that we can take account of family arrangements. Family Court Orders setting out any access restrictions and parenting plans should be made available to Administration. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Principal, if you would like to discuss, in strict confidence, any matters relating to family arrangements.

Emergency Contacts

These are people that Lowanna College may need to contact in an emergency. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to Lowanna College.

Visa Status

This information is required to enable Lowanna College to process the student's enrolment.

Student Background Information

This includes information about a person's country of birth, aboriginality, language spoken at home and parent occupation. This information is collected so that Lowanna College receives appropriate resource allocations for their students. It is also used by the Department to plan for future educational needs in Victoria. Some information is sent to Commonwealth government agencies for monitoring, reporting, planning and resource allocation. All of this information is kept strictly confidential and the Department will not otherwise disclose the information to others without your consent or as required by law.

Updating your School Records

Please let Lowanna College know if any information needs to be changed by sending updated information to the school office. During the student's time with Lowanna College we will also send home copies of enrolment information held by us. Please use this opportunity to let us know of any changes.

Access to the Student Record held by school

In most circumstances the student can access records about them that are held by Lowanna College. Please contact the Principal to arrange this. Sometimes access to certain information, such as information provided by someone else, may require a Freedom of Information request. We will advise you if this is required and tell you how you can do this.

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

Parental Occupation Group Codes

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

Group A

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

- Senior Executive / Manager / Department Head in industry, commerce, media or other large organisation
- Public Service Manager (Section head or above), regional director, health / education / police / fire services administrator
- Other administrator (school principal, faculty head / dean, library / museum / gallery director, research facility director)
- Defence Forces Commissioned Officer
- Professionals - generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others:
- Health, Education, Law, Social Welfare, Engineering, Science, Computing professional
- Business (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)
- Air/sea transport (aircraft / ship's captain / officer / pilot, flight officer, flying instructor, air traffic controller)

Group B

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

- Owner / Manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business
- Specialist Manager (finance / engineering / production / personnel / industrial relations / sales / marketing)
- Financial Services Manager (bank branch manager, finance / investment / insurance broker, credit / loans officer)
- Retail sales / Services manager (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)
- Arts / Media / Sports (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official)
- Associate Professionals - generally have diploma / technical qualifications and support managers and professionals:
- Health, Education, Law, Social Welfare, Engineering, Science, Computing technician / associate professional
- Business / administration (recruitment / employment / industrial relations / training officer, marketing / advertising specialist, market research analyst, technical sales representative, retail buyer, office / project manager)
- Defence Forces senior Non-Commissioned Officer

Group C

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

- Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group
- Clerks (bookkeeper, bank / PO clerk, statistical / actuarial clerk, accounting / claims / audit clerk, payroll clerk, recording / registry / filing clerk, betting clerk, stores / inventory clerk, purchasing / order clerk, freight / transport / shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)
- Skilled office, sales and service staff:
- Office (secretary, personal assistant, desktop publishing operator, switchboard operator)
- Sales (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)
- Service (aged / disabled / refuge / child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

Group D

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

- Drivers, mobile plant, production / processing machinery and other machinery operators
- Hospitality staff (hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper)
- Office assistants, sales assistants and other assistants: Office (typist, word processing / data entry / business machine operator, receptionist, office assistant)
- Sales (sales assistant, motor vehicle / caravan / parts salesperson, checkout operator, cashier, bus / train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker)
- Assistant / aide (trades' assistant, school / teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum / gallery attendant, usher, home helper, salon assistant, animal attendant)
- Labourers and related workers
- Defence Forces - ranks below senior NCO not included above
- Agriculture, horticulture, forestry, fishing, mining worker (farm overseer, shearer, wool / hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/ logging worker, miner, seafarer / fishing hand)
- Other worker (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)

Student Details

Personal Details of Student

Surname:..... Title: (Miss Ms Mr Mx)

First Given Name:

Second Given Name:

Preferred Name (if applicable):.....

Gender: Male Female Birth Date: (dd-mm-yyyy):/...../.....

Student Mobile Number:

Primary Family Home Address:

No. & Street: or PO Box details:

Suburb:..... State:

Postcode:.....

Telephone Number: Is this a silent number?: (tick): Yes No

Mobile Number:..... Fax Number:

OFFICE USE ONLY

Child's Name and Birth Date proof sighted (tick): Yes No Enrolment Date:/...../.....

Year Level: 7 8 9 10 11 12

Home Group:..... Timetabling Group: House:

Student Email Address:

Immunisation Certificate received?: Complete Not sighted

Is there a Medical Alert for the student? Yes No

Does the student have a Disability ID Number? No Yes Disability ID No.:.....

Family Details

List any other family members attending this school:

.....

.....

Primary Family Details

If Adult B does not live at the same address as Adult A, do not enter their details here. You will require the Alternate Family Form. Please contact the General Office.

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

Adult A Details (Primary Carer):

Gender (tick): Male Female

Title: (Ms, Mrs, Mr, Dr, Mx etc)

Legal Surname:

Legal First Name:

What is Adult A's occupation?.....

Who is Adult A's employer?

In which country was Adult A born?

Australia Other (please specify):

.....

***Does Adult A speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)**

No, English only Yes (please specify):

.....

Please indicate any additional languages spoken by Adult A:

.....

Is an interpreter required? (tick) Yes No

***What is the highest year of primary or secondary school Adult A has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)**

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below

***What is the level of the highest qualification the Adult A has completed? (tick one)**

- Bachelor degree or above
- Advanced diploma / Diploma
- Certificate I to IV (including trade certificate)
- No non-school qualification

***What is the occupation group of Adult A?* Please select the appropriate parental occupation group from the list on page 2.**

- If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list.
- If the person has not been in paid work for the last 12 months, enter 'N'.

Adult B Details (Primary Carer):

Gender (tick): Male Female

Title: (Ms, Mrs, Mr, Dr, Mx etc)

Legal Surname:

Legal First Name:

What is Adult Bs occupation?

Who is Adult Bs employer?.....

In which country was Adult B born?

Australia Other (please specify):

.....

***Does Adult B speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)**

No, English only Yes (please specify):

.....

Please indicate any additional languages spoken by Adult B:

.....

Is an interpreter required? (tick) Yes No

***What is the highest year of primary or secondary school Adult B has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)**

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below

***What is the level of the highest qualification the Adult B has completed? (tick one)**

- Bachelor degree or above
- Advanced diploma / Diploma
- Certificate I to IV (including trade certificate)
- No non-school qualification

***What is the occupation group of Adult B?* Please select the appropriate parental occupation group from the list on page 2.**

- If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list.
- If the person has not been in paid work for the last 12 months, enter 'N'.

**This question is 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)

Adult A Adult B Both Neither

Primary Family Contact Details

Adult A Contact Details:

Can we contact Adult A at work? (tick) Yes No

Is Adult A usually home during business hours? (tick)

Yes No

Work Telephone No:

Other Work Contact information:

Is **Adult A** usually home **AFTER business hours?** (tick)

Yes No

Home Telephone No:

Other After Hours Contact Information:

Mobile Telephone No:

SMS Notifications: Yes No

Adult A's preferred method of contact: (tick one)

Mail Email Phone Facsimile

Email address:

Email Notifications: Yes No

Fax Number:

Adult B Contact Details:

Can we contact Adult B at work? (tick) Yes No

Is Adult B usually home during business hours? (tick)

Yes No

Work Telephone No:

Other Work Contact information:

Is **Adult B** usually home **AFTER business hours?** (tick)

Yes No

Home Telephone No:

Other After Hours Contact Information:

Mobile Telephone No:

SMS Notifications: Yes No

Adult B's preferred method of contact: (tick one)

Mail Email Phone Facsimile

Email address:

Email Notifications: Yes No

Fax Number:

Primary Family Mailing Address: Write "As Above" if the same as Family Home Address

No. & Street or PO Box

Suburb:

State: Postcode:

Primary Family Doctor Details:

Doctor's Name:

Individual or Group Practice: (tick) Individual Group

No. & Street or PO Box No.:

Suburb: State: Postcode:

Telephone Number Fax Number

Current Ambulance Subscription: (tick) Yes No Medicare Number:

Primary Family Emergency Contacts (Other than parents listed on this form)

Name	Relationship <i>(Relative, friend, neighbour, other)</i>	Telephone No.	Language Spoken <i>(If English Write "E")</i>
1.			
2.			
3.			
4.			

Primary Family Billing Address: Write "As Above" if the same as Family Home Address

No. & Street or PO Box

Suburb:

State: Postcode:

Billing Email: Adult A Adult B Other (Please specify)

Other Primary Family Details Adult A

Relationship of **Adult A** to Student: (tick one)

- Parent
- Step-Parent
- Adoptive Parent
- Foster Parent
- Host Family
- Relative
- Friend
- Self
- Other

Other Primary Family Details Adult B

Relationship of **Adult B** to Student: (tick one)

- Parent
- Step-Parent
- Adoptive Parent
- Foster Parent
- Host Family
- Relative
- Friend
- Self
- Other

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

- Always
- Mostly
- Balanced
- Occasionally
- Never

Send Correspondence addressed to: (tick one)

- Adult A
- Adult B
- Both Adults
- Neither

Demographic Details of Student

***In which country was the student born?**
 Australia Other (please specify):

Date of arrival in Australia OR Date of return to Australia: (dd-mm-yyyy):/...../.....

What is the Residential Status of the student? (tick) Permanent Temporary

Basis of Australian Residency:
 Eligible for Australian Passport Holds Australian Passport Holds Permanent Residency Visa

Visa Sub Class: **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?** (If more than one language is spoken at home, indicate the one that is spoken most often)
 No, English only Yes (please specify):

Does the student speak English? (tick) Yes No

*** Is the student of Aboriginal or Torres Strait Islander origin?** Tick one
 No
 Yes, Aboriginal
 Yes, Torres Strait Islander
 Yes, Both Aboriginal & Torres Strait Islander

Is the student a young carer (providing support/care for other family members)?
 Yes
 No

What is the student's living arrangements? (tick one):
 At home with TWO Parents/ Guardians
 State Arranged Out of Home Care # (See Note)
 At home with ONE Parent/ Guardian
 Homeless Youth
 Independent

State Arranged Out of Home Care - Students who have been subject to protective intervention by the Department of 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)
 Walking School Bus Train Driven Taxi Bicycle Public Bus Tram
 Self Driven 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: (dd-mm-yyyy):/...../.....

Name of previous School:

Years of previous education: What was the language of the students previous education?

Does the student have a Victorian Student Number (VSN)?

Yes (please specify below): Yes, but the VSN is unknown No. The student has never been issued a VSN

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Years of interruption to education: Is the student repeating a year? (tick) Yes No

Will the student be attending this school full time? (tick) Yes No

If No, what will be the time fraction that the student will be attending this school? (i.e. 0.8 = 4 days/week)

Other school Name:..... Time fraction: Enrolled: Yes No

Other school Name:..... Time fraction: Enrolled: Yes No

Conditional Enrolment Details

In some circumstances a child may be enrolled conditionally, particularly if the required enrolment documentation to determine the shared parental responsibility arrangements for a child is not provided. Please refer to Section 4.1.2.6 of the Victorian Government Schools Reference Guide for more information (<http://www.education.vic.gov.au/management/governance/referenceguide/default.htm> <http://www.education.vic.gov.au/management/governance/referenceguide/default.htm>).

Enrolment conditions

.....

.....

Office Use Only

Has the documentation been provided and retained on school records? Yes No

Have the conditions been met to complete the enrolment? Yes No

Student Access or Activity Restrictions Details

Is the student at risk? Yes No

Is there an Access Alert for the student? (tick) Yes (If Yes, then complete the following questions and **present a current copy of the document to the school.**)

No (If No, move to the immunisation / medical condition details questions.)

Access Type: (tick) Court Order Family Law Order Restraining Order Other

Describe any Access Restriction:.....

Is there an Activity Alert for the student? (tick) Yes No

If Yes, then describe the Activity Restriction:

Office Use Only: Current custody document placed on student file? Yes No

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:**/...../.....

Medical Condition Details:

Does the student suffer from any of the following impairments? (tick)

Hearing: Yes No Vision: Yes No Speech: Yes No Mobility: Yes No

Has the student been diagnosed with Anaphylaxis? (tick) Yes No (If YES, please provide current ASCIA Action Plan prior to enrolment)

Does the student suffer from Asthma? (tick) Yes No If NO, please go to the Other Medical Conditions section (If YES, please provide current Asthma Management Plan prior to enrolment)

Asthma Medical Condition Details:

Answer the following questions ONLY if the student suffers from any asthma medical conditions.

Please indicate if the student suffers from any of the following symptoms: (tick) <ul style="list-style-type: none"> <input type="checkbox"/> Cough <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Wheeze <input type="checkbox"/> Exhibits symptoms after exertion <input type="checkbox"/> Tight Chest 	If my child displays any of these symptoms please: (tick) <ul style="list-style-type: none"> 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:
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Has an Asthma Management Plan been provided to School? Yes No

Does the student take medication? (tick) Yes No Name of medication taken:

Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick)

Preventative Response Indicate the usual dosage of medication taken:.....

Indicate how frequently the medication is taken:.....

Medication is usually administered by: (tick) Student Nurse Teacher Other

Medication is stored: (tick) with Student with Nurse Fridge in Staff Room Elsewhere

Dosage time reminder required? (tick) Yes No Poison Rating

Other Medical Conditions

(Additional copies of the other medical condition forms are available on request from the school.)

Does the student have any other medical condition? (tick) Yes No

If yes, please specify:

.....

Symptoms:

.....

If my child displays any of the symptoms above please: (tick)

Inform Doctor Yes No Inform Emergency Contact Yes No

Administer Medication Yes No Other Medical Action Yes No

If yes, please specify:

.....

Does the student take medication? (tick) Yes No Name of medication taken:

Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick)

Preventative Response Indicate the usual dosage of medication taken:.....

Indicate how frequently the medication is taken:.....

Medication is usually administered by: (tick) Student Nurse Teacher Other

Medication is stored: (tick) with Student with Nurse Fridge in Staff Room Elsewhere

Dosage time: Reminder required? (tick) Yes No Poison Rating

Medical Condition Details:

Student Name:

Is your child registered with NDIS? (tick) Yes No
If yes, is your child's NDIS plan (tick): Self Managed Third Party Managed Plan Managed

Is your child engaged with any of the following? (tick)

<input type="checkbox"/> Psychologist	Name:	Contact:
<input type="checkbox"/> Psychiatrist	Name:	Contact:
<input type="checkbox"/> Occupational Therapist	Name:	Contact:
<input type="checkbox"/> Counsellor	Name:	Contact:
<input type="checkbox"/> Speech Therapist	Name:	Contact:
<input type="checkbox"/> Paediatrician	Name:	Contact:
<input type="checkbox"/> Other		

If other, please specify:.....
.....
.....

Has your child been diagnosed with (or in the process of diagnosis) of any of the following? (tick)

- ADD / ADHD
- ASD
- Intellectual Disability
- Language / Speech Disorder
- Development Delay
- Other

If other, please provide details and attach relevant documentation (referrals, reports etc):.....
.....
.....

Is your child or your family engaged with any of the following services? (tick)

<input type="checkbox"/> The Orange Door	Contact Person:	Ph Number:
<input type="checkbox"/> Child Protection	Contact Person:	Ph Number:
<input type="checkbox"/> Anglicare	Contact Person:	Ph Number:
<input type="checkbox"/> Quantum Support Services	Contact Person:	Ph Number:
<input type="checkbox"/> Berry Street	Contact Person:	Ph Number:
<input type="checkbox"/> VACCA	Contact Person:	Ph Number:
<input type="checkbox"/> Windermere	Contact Person:	Ph Number:
<input type="checkbox"/> Headspace	Contact Person:	Ph Number:
<input type="checkbox"/> CYMHS	Contact Person:	Ph Number:

Student Medical Details

Student Doctor Details

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

Doctor's Name:

Individual or Group Practice: (tick) Individual Group

No. & Street or PO Box No.:

Suburb:..... State:..... Postcode:.....

Telephone Number Fax Number

Current Ambulance Subscription: (tick) Yes No Medicare Number:.....

Student Emergency Contacts

This section should ONLY be filled out if THIS student has emergency contacts other than the Primary Family Emergency Contacts (page 6).

Name	Relationship <i>(Relative, friend, neighbour, other)</i>	Telephone No.	Language Spoken <i>(If English Write "E")</i>
1.			
2.			

Student Enrolment Agreement

Acceptance of Enrolment

Lowanna College agrees with the Parents to accept enrolment of the Student on the terms set out in this Enrolment Agreement.

Responsibilities of the Parents

The Parents agree:

- that the Student will comply with the Student Code of Conduct which may be amended from time to time at the School's absolute discretion either orally or in writing.
- that the Student and the Parents will comply with the School's rules, regulations, policies and procedures including those published in the College Prospectus and available on the College website and which may be amended from time to time at the School's absolute discretion orally or in writing.

Information Technology

Parents/Carers and students should read the College Policy Acceptable Use Agreement for Ultraset, Internet, Digital Technologies and Electronic Media Players/devices. which is available on the College website. Printed copies of the policy can be provided on request.

Computer Account

Each student at Lowanna College is provided with an account on the school computer network. This enables the student to use any computer in the College after entering a code and password. The code and password are designed to protect the work of the student and the network itself.

There is also a credit attached to the account for Internet access and printing materials from the computer network. Once this credit is used, students will need to pay an additional sum to be able to print materials and download non-cached Internet information.

All students should read the Acceptable Use Agreement so that they know the consequences of misusing the computer system.

Provision of School Lockers & Combination Locks

For the protection of individuals, College property and safety reasons, students are required to use College lockers to store personal belongings, including bags (which are banned from class). Therefore, the College has made available, and requires all students of the College to have the personal use of a College locker and combination lock.

Combination locks supplied to students by the College is the only acceptable locking device to be used with the lockers. Please note that any non-official locks will be removed immediately. If the student refuses to comply, the College will use bolt cutters to remove these locks.

College Locker and Lock Rules

- It is understood that locks and lockers are the property of the college and can be accessed by the Principal or their representative.
- Students will respect and care for lockers and combination locks at all times.
- Students will not store perishable items in their lockers for a period greater than 24 hours and will not write on, or graffiti the inside or outside of any locker.
- Students will not store prohibited or illegal items or materials in their lockers.
- Where there are grounds for suspecting that these rules are not being obeyed, the Principal or delegate reserves the right to inspect a locker. Students found to be infringing these rules can expect due consequences under the College Student Engagement and Well-being policy.

Publishing of Student Work and/or Photographs

At Lowanna College we celebrate the efforts of our students by mentioning their participation in college events and their achievements in our college newsletter. Occasionally photographs of the students are included. We also use photographs of students in our College Yearbook along with examples of their work.

Photographs of students are also on our college intranet site. This site is protected and can only be accessed by college students and staff. Students only have access to their own photo.

On the college website there are images of students however, we never identify the student's full name (without permission from a parent/guardian), only class and year.

At time, we invite local media to college events and they are expected to follow college policy on the publication of photographs of students. When a story is about an individual achievement we will always seek your consent before passing information or photographs to the press for publication. Unless a story features an individual child only group photos are published and students' identified by first name and year only.

There are some instances where we require your permission to publish your child's photograph and or work:

- Website: The purpose of our college website is to promote the quality education that takes place at our college and to allow parents and the community another avenue through which to connect to our student's learning. As the college website is posted on the World Wide Web we seek your permission to include your child's work and/or photographs on our website.
- Newsletters/Yearbook: We are also seeking your permission to include your child's photograph and/or work in our College Newsletter or Yearbook.
- Compass School Photo Compilations - you can still get individual prints, however your child will not appear in the compilation booklet or homegroup compilations.

If you have any concerns about how photographs of your child may be used by the college please let us know.

Consent

I give permission for my child's work and/or photographs to appear in the following:

- Lowanna College Website
- Facebook Page
- College Newsletter
- Yearbook
- Local Media (Including print and televised)

Yes No

*Leaving this section unmarked will be confirmation of your approval

Lunch Pass

During the lunch break, students **who live locally** will be given permission to leave the school grounds on the following conditions:

1. That a return home (or the home of a designated relative) for lunch is approved by a parent/guardian. This does not mean that the students can use the pass to visit other students, local shops (with the exception of Years 11 & 12) or take other students home for lunch.
2. Arrangements are made when the student is required at school; for example to complete a detention, assist with care of the school grounds on a few days during the year, or attend a sports carnival. In each case advance notice will be given.
3. The pass is for the lunchtime break only.
4. Once a lunch pass is issued it will remain current unless withdrawn by request of a parent/guardian or by the college.
5. In all cases, students must return in time for class.
6. Permission will be taken away from the student if he or she misuses the pass.

I confirm that my child:

- Does not require a lunch pass** at this time.
- Requires a lunch pass to attend the local shop** (this option is for year 11 & 12 students only).
- Requires a lunch pass to go home** (or the home of a designated relative) for lunch on a regular basis. Please provide the details of the designated relative below.

Designated Relative

Name:

Relationship to Student:

Address:

.....

Telephone:.....

Please contact the school if your circumstances change and you wish to organise a new lunch pass or cancel an existing lunch pass.

Office Use Only

- Approved
- Not approved Init.

Managed Headlice Program

For the many families and teachers of school-aged children, head lice continue to create concerns.

We invite you to include your child in our screening program, which will be conducted by our First Aid Officer who will check hair where there is concern about possible infestation.

The School will 'dry' check your child's hair, this is done by lifting and searching. No treatment is undertaken at school. If infestation is noted a parent/carer will be contacted and asked to pick up the student and treat the hair.

If you would like to include your child/ren in our screening program, please complete the permission slip below and return to the school.

Where it is considered that infestation may have occurred and a child is not in the program parents will be contacted and asked to complete the check before the child returns to school.

Please note that any child noted to have live lice will be excluded from school until appropriate treatment has been provided as per DET policy.

For further details and information please feel free to contact the school.

Please tick whichever is applicable:

- I give permission** for my child to participate in the Head Lice Program at Lowanna College
- I do not give permission** for my child to participate in the Head Lice Program at Lowanna College.

Immunisation Information

I give permission for my child's information to be sent to local council for immunisation purposes

- Yes No

Enrolment Agreement

Attendance

We agree that attendance at school will be regular and punctual. All absences will be explained by a note from a parent/caregiver, uploaded directly to Compass or telephone contact to the appropriate mini school.

Code of Behaviour

We agree that all College expectations relating (but not limited) to general and classroom behaviour, consequences, cleanliness, yard duty, safety, manners, homework, leaving the school grounds and bus travel will be abided by.

School Dress Code

We agree to adhere to the College Uniform Policy by wearing the correct school uniform at all times. We agree that on any occasion a student arrives at school out of uniform that the student will attend Uniform Exchange to change in to the correct school uniform.

Mobile Phone

We agree to the mobile phone policy of the school as directed by the State Government. We agree that a student mobile phone will be switched off and stored securely from 8.45am - 3.00pm.

Environmental Duty

We understand that students will be required to assist with environmental duty and recycling, in accordance with College Council Policy, and agree to support this policy.

Lockers

We have read the information concerning the allocation of College Locks and Lockers and agree to abide by the rules as set by the College.

Local Activities

I give approval for my child to participate in local offsite class activities within walking distance (in the Moe/Newborough and environs) during school time - examples include Sport, PE, Farm Studies and home group activities. I understand that I may not always be formally notified of such activities.

Information Technology

1. We have read the Acceptable Use Agreement carefully and understand the significance of the conditions and agree to abide by these conditions.
2. We understand that any breach of these conditions will result in internet and mobile technology access privileges being suspended or revoked.

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 and accept and understand that this agreement will be effective for the period in which my child attends Lowanna College.

.....
Parent/Carer (Please Print Name)

.....
Signature

.....
Student (Please Print Name)

.....
Signature