



MERREDIN COLLEGE

A Wheatbelt Independent Public School

learning close to home

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ENROLMENT PACK (PART B)

This form is intended for children not enrolled at the school in the previous year. For students in the compulsory years of schooling who were enrolled in the previous year please inform the school directly if there are changes needed to update the form.

Parent information about Enrolment in a Western Australian public school (below) provides important information to read before lodging the Enrolment Form with the school.

The form is to be completed in English. If you need help including translation and interpreting services, please ask the school staff about assistance available through the Statewide Services Resource and Information Centre English as an Additional Language or Dialect (EAL/D) Program. Website: <http://det.wa.edu.au/curriculumsupport/eald/detcms/portal/>

Parent information about Enrolment in a Western Australian public school

INFORMATION TO BE PROVIDED

The Enrolment Form is intended for children not enrolled at the school in the previous year. For students in the compulsory years of schooling who were enrolled in the previous year please inform the school if there are changes needed to update the form.

The information you provide enables the Department to communicate with you about important matters, to care for your child in emergencies, to plan for special needs and to meet State and National reporting requirements.

Documentary evidence may be required to support any information supplied. Principals may need to consult with the Education Regional Office where evidence has not been supplied. All official records must be on the child's legal name. The use of a preferred name may be possible for informal communication.

Family details should include details of the parent (see definition below) residing at the same address as the student. Details relating to parents not residing with the student may also be included in the **Parent/Guardian Details** section of the form.

A copy of the students Birth Certificate and Immunisation Record is required at time of enrolment.

The school needs to be advised of any court orders or any changes in relation to the child's name, usual place of residence and/or name and usual place of residence of parent/s. Copies of Family Court or any other court orders must be provided.

Disclosure of information

For parents of students with disability

In order to provide an appropriate education program the school may require specific information relating to your child's disability and personal needs to enable the school to make any necessary teaching and learning adjustments. The school may also use the information you provide when applying for specialist resources or services and/or supplementary funding to support your child's education.

Suspensions and exclusions

Information on any suspensions and exclusions needs to be provided to the school at the time of applying to enrol. This information will help the school to provide your child with any support that may be required.

Children currently under suspension from a public school cannot be enrolled at another public school until the suspension period expires. Children who have previously been suspended or excluded from a public school may be required to enter into a behaviour agreement with the school if enrolment is accepted.

TRANSPORT

In most cases, transporting your child to school is the parents' responsibility. Enquiries regarding school bus services should be directed either to the school where the application for enrolment is being submitted, or to the Public Transport Authority email enquire@pta.wa.gov.au or telephone 136213. Some special programs include transfer arrangements.

CONFIDENTIALITY

All information provided on this form will be treated confidentially (s 242 of the *School Education Act 1999*).

INFORMATION ABOUT YOUR OCCUPATION AND EDUCATION

The National Goals for Schooling in the 21st Century state that 'the learning outcomes of educationally disadvantaged students '..... should.....' improve and, over time, match those of other students'.

All parents across Australia, no matter which school their child attends, are being asked to provide information about their family background to promote an education system which is fair for all Australian students regardless of their background.

Providing this information is voluntary but your information will help the Department of Education to ensure that all students are being well served by our public schools.

CONSENT FORMS

The following forms are attached for parents to consider and sign if in agreement:

Media Consent:	Publication of images of the student and their work.
Internet Access:	Appropriate use of internet services by students.
Viewing Consent:	For 'Parental Guidance (PG)' items deemed suitable by the teacher and school administration.
Local Excursions:	Agreement to minor excursions, not including excursions which require individual agreement.

STUDENT HEALTH CARE

The Department's *Student Health Care policy* clarifies the actions to be undertaken by public schools to manage student health care needs. All students require an up to date Student Health Care Summary which is available from the school. For students identified as having health conditions requiring support at school, additional form/s will be provided by the school.



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STUDENT ENROLMENT FORM

(For enrolment in a Western Australian Public School)

This form is to be completed for children whose application has been accepted by the school. It is intended for children not enrolled at the school in the previous year and for all Pre Primary students. For students in the compulsory years of schooling who were enrolled in the previous year, please inform the school directly if there are changes needed to update the form.

Please read the accompanying *Parent information about Enrolment in a Western Australian public school* before lodging the Enrolment Form with the school.

Note: If you are typing the information into this form, doubleclick the check box ☐ and select the radio button under the heading Default value 'Checked' and click OK. e.g. ☒.

STUDENT DETAILS

Has the student previously attended Merredin College? YES ☐ NO ☐

Year Level at Enrolment: _____

Surname: _____ Legal Surname (if different): _____

Previous Surname (if applicable): _____

1st Name: _____ 2nd Name: _____ 3rd Name: _____

Preferred 1st Name: _____

Date of Birth: ____/____/____ Sex: ☐ Male ☐ Female

Residential Address: _____

Postcode: _____

Telephone (Home): _____ Student's Mobile (if applicable): _____

USI : _____ (secondary students)

Car Registration (if applicable): _____

Full Name/s of brothers and sisters attending this school:

Student lives with:

Both Parents ☐

Parent/Guardian/Carer 1 ☐

Parent/Guardian/Carer 2 ☐

Independent minor ☐

(Reg3. School Education Regulations 2000)

For information on access restriction, see *Confidential* section of this form.

Other ☐

Name Relationship to student

Emergency Contacts (Indicate contacts in order of preference):

Name	Phone No.	Mobile No.	Relationship to student
------	-----------	------------	-------------------------

1.	_____	_____	_____
----	-------	-------	-------

2.	_____	_____	_____
----	-------	-------	-------

3.	_____	_____	_____
----	-------	-------	-------

STUDENT DETAILS – ADDITIONAL INFORMATIONAustralian Citizenship/Permanent Resident: ☐ YES ☐ NO Nationality (optional): _____

Country of Birth: _____ Town of Birth: _____

If your child was not born in Australia, you must provide evidence of Passport or travel documents,

Date of Arrival in Australia: _____ Visa Sub-class No: _____ Expiry Date: _____

International Fee Paying (if known): ☐ YES ☐ NOReligion: _____. Is the student to be withdrawn from religious instruction? ☐ YES ☐ NO

Student's First Language: _____

Is the student's descent:Aboriginal ☐ YES ☐ NO.....Torres Strait Islander (TSI) ☐ YES ☐ NO.....Both Aboriginal and TSI ☐ YES ☐ NODoes the student speak Aboriginal English at home? ☐ YES ☐ NODoes the student mainly speak English at home? ☐ YES ☐ NODoes the student speak a language other than English at home? ☐ YES ☐ NO*If Yes, please indicate the language(s) that are spoken and the one that is spoken most often*

.....

Does the student receive any of the following allowances:

☐ Secondary Assistance☐ Youth Allowance☐ Assistance for Isolated Children (AIC)☐ Abstudy

Previous School: _____

If previously enrolled in Home Education, specify the Education Region: _____

Is your child currently under suspension from a school? ☐ YES ☐ NO

If YES, name of school: _____

Reason for change of school (optional): _____

Movement reason (optional): _____

Hostel Resident: Yes ☐ No ☐School bus student Yes ☐ No ☐ Bus Route: _____**CONFIDENTIAL**Access Restriction - Is this student subject to any court orders in respect of their care, welfare and development? ☐ YES ☐ NO

If YES, please specify and attach supporting documentation.

.....

Is this student in the care of the Department for Child Protection and Family Support's (CPFS) Director General?

..... ☐ YES ☐ NO

If YES, please specify the name of the CPFS Case Manager, their CPFS District and their contact phone number.

.....

.....

CONSENT FORMS

Parent consent is sought in ATTACHMENT 2 for a variety of school related activities.

STUDENT DETAILS – MEDICAL / HEALTH

In addition to the information below, a separate form (student health care summary) available from the school, is to be completed for all students.

Note: For students identified as having health conditions requiring support at school, additional form/s will be provided by the school.

Does the student have a disability? ☐ YES ☐ NO If YES, please specify the disability/s:

Please indicate where you have documentation about your child's disability in any of the following areas. Copies of this documentation will be required for school records

- | | |
|--|--|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Severe Mental Disorder |
| <input type="checkbox"/> Deaf or Hard of Hearing | <input type="checkbox"/> Global Developmental Delay (prior to age 6) |
| <input type="checkbox"/> Specific Speech Language Impairment | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Physical Disability |

Does the student have a medical condition or intensive health care need? YES ☐ NO ☐

If YES, please specify.

- | | |
|---|---|
| <input type="checkbox"/> Allergy – Anaphylaxis | <input type="checkbox"/> Hearing condition (eg otitis media) |
| <input type="checkbox"/> Allergy – Other _____ | <input type="checkbox"/> Mental health or behavioural (eg depression, ADD/ADHD) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Intensive Health Care Need (eg tube feeding) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Diagnosed migraine/headaches | |
| <input type="checkbox"/> Seizure Disorder (eg epilepsy) | |

Medical Practice (Name and Address): _____

Doctor's Name: _____ Telephone: _____

Dental Surgery Practice (if applicable, name and address): _____

Dentist's Name: _____ Telephone: _____

Permission to call an Ambulance: ☐ YES ☐ NO Do you have Ambulance cover? ☐ YES ☐ NO

Ambulance Cover Provider: _____

Permission to call Doctor : ☐ YES ☐ NO

Permission to administer First Aid: ☐ YES ☐ NO

Medicare Details:

Medicare No: _____ Ref No: _____ Valid to: _____ / _____ Card Colour _____

Student's name exactly as it appears on card: _____
(Include middle name initial)

(If there is a medical emergency and an ambulance needs to be called, parents or guardians will be expected to meet the cost of the ambulance regardless of the permission indicated above)

PARENT / GUARDIAN DETAILS

Parent/Guardian 1 Details

Title: _____ First Name: _____ Second Name: _____ Surname: _____

Please indicate relationship to the student: _____

Please indicate whether you have the: ☐ Day to day care of the student **or** ☐ Long term care of student.

Fees and charges billing: ☐ YES ☐ NO If no, who is responsible: _____

Postal Address (if different from student residential address): _____

Email Address: _____

Telephone (Home): _____ Telephone (Work): _____

Mobile No: _____

Occupation/Workplace location: _____

Do you mainly speak English at home? ☐ YES ☐ NO

Do you speak a language other than English at home? ☐ NO, English only ☐ YES, other - please specify:
(If more than one language, indicate the one that is spoken most often)

What is the highest year of primary or secondary school you have completed?

- ☐ 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 you have completed?

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

(If you did not attend school, mark 'Year 9 or equivalent or below')

What is your occupation group? _____ (Insert 1, 2, 3 or 4. Please select the appropriate parental occupation group from the list provided in ATTACHMENT 1. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months, enter '8' above).

Parent/Guardian 2 Details

Title: _____ First Name: _____ Second Name: _____ Surname: _____

Please indicate relationship to the student: _____

Please indicate whether you have the: ☐ Day to day care of the student **or** ☐ Long term care of student.

Fees and charges billing: ☐ YES ☐ NO If no, who is responsible: _____

Postal Address (if different from student residential address): _____

Email Address: _____

Telephone (Home): _____ Telephone (Work): _____

Mobile No: _____

Occupation/Workplace location: _____

Do you mainly speak English at home? ☐ YES ☐ NO

Do you speak a language other than English at home? ☐ NO, English only ☐ YES, other - please specify:
(If more than one language, indicate the one that is spoken most often)

What is the highest year of primary or secondary school you have completed?

- ☐ 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 you have completed?

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

(If you did not attend school, mark 'Year 9 or equivalent or below')

What is your occupation group? _____ (Insert 1, 2, 3 or 4. Please select the appropriate parental occupation group from the list provided in ATTACHMENT 1. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months, enter '8' above).

OTHER CONTACT(S) DETAILS

Title: _____ First Name: _____ Second Name: _____ Surname: _____

Please indicate relationship to the student: _____

Postal Address (if different from student residential address):

Telephone (Home): _____ Email Address: _____

Occupation/Workplace location: _____

Telephone (Work): _____ Mobile No: _____

Please advise the school if there are any other contacts you would like recorded.

SIGNATURE

Name of person enrolling student:

Title: _____ First Name: _____ Second Name: _____ Surname: _____

Relationship to the student: _____

If this is an enrolment for Kindergarten, I declare this to be the only enrolment made.

Signature: _____ Date: _____

(independent minors and those aged 18 years or older may sign on their own behalf)

PRINCIPAL'S APPROVAL

Principal's signature

Date: _____

Approved / Not approved



Consent Form

At **Merredin College** we aim to offer your child the widest range of learning opportunities and celebrate learning whenever possible. This may often require some form of parental consent. This form asks you to consent (or otherwise) to your child's participation / use / access to several aspects of the school program. At all times we make the very best efforts to exercise exemplary standards in respect of duty of care.

MEDIA CONSENT

Children's images and/or their work are often published to recognise excellence or effort and may appear in newspapers, on the internet, in newsletters or on film or video. Their names may also be included but no contact details are provided. Work/images captured by the school will be kept for no longer than is necessary for the purposes outlined above and will be stored and disposed of securely.

- ☐ Yes, I give consent to my child to have his/her image and/or work published as described above.
☐ No, I do not give consent.

In addition, see Appendix F of the [Student's online policy](#).

INTERNET ACCESS

Student access to the internet is provided in accordance with the school policy (available from the office or school website). Student access is contingent on abiding by the users' Code of Conduct.

- ☐ Yes, my child has permission to access the internet in accordance with school policy.
☐ No, I do not give consent.

In addition, see the School's policy and the [Student's online policy](#).

VIEWING CONSENT

Children often watch videos / DVDs / television documentaries as part of their learning. Almost always these are 'G' rated and don't require consent. Very occasionally something with a 'PG' rating is appropriate for which we would need parental permission.

- ☐ Yes, I consent to my child viewing items with a 'PG' rating if deemed suitable by the teacher and school administration.
☐ No, I do not give consent.

LOCAL EXCURSIONS

Children occasionally walk within the local area for minor excursions under the supervision of the teacher and attend activities in local parks, nature reserves, another school, city council library or shopping centre. On all occasions, parents will be notified of the local excursion.

- ☐ Yes, I consent to my child participating in teacher supervised local excursions which may involve short walks to and from the school.
☐ No, I do not give consent.

The school also has the Newsletter accessible on the Website. Please subscribe to merredincollege.wa.edu.au

Name of student: _____ Year/Class/Room: _____

Name of person signing the consent form:

Title: _____ First Name: _____ Second Name: _____ Surname: _____

Please indicate relationship to the student (e.g. parent/guardian/responsible person): _____

OFFICE USE ONLY

Student's official documentation all sighted (Date): _____ ☐ YES ☐ NO

☐ Birth certificate ☐ Passport ☐ Travel document/s

Student's Residency status: ☐ Local ☐ Permanent Resident

☐ Overseas Student: If yes, International fee paying: ☐ YES ☐ NO

Entry Date: _____

Immunisation records provided: ☐ YES ☐ NO

Publications/Internet Permission Form completed: ☐ YES ☐ NO

Previous School: _____

Records received: ☐ YES ☐ NO SIS Import ☐ YES ☐ NO

Contributions and Charges Billing: ☐ PG1: ____% ☐ PG2: ____% ☐ Other: ____%

Official documentation: ☐ PG1: ____ ☐ PG2: ____ ☐ Other: _____
(including reports, to be sent to)

Commencement Date: _____

Form/Class: _____ House Faction: _____

Approved by Principal: ☐ NO ☐ YES on (Date): _____

Entered on School Information system by: _____ on (Date): _____

Student leaves school: (Date) _____ Date Transfer Note Sent: _____

Destination: _____

Records received from transferring school: ☐ NO ☐ YES on (Date): _____

RETENTION AND TRANSFER OF STUDENT ENROLMENT RECORDS:

- 1. Enrolment Applications (successful) – The School to retain for 5 years after last action and then destroy.**
- 2. Enrolment Applications (unsuccessful) – The School to retain for 2 years after last action and then destroy.**
- 3. Enrolment Register (Register of Admissions/Enrolment Cards used prior to the School Information System) – The School to retain for 7 years after last action and then archive and transfer to State Records Office only when advised by Corporate Information Services.**
- 4. Enrolment Records (managed in the School Information System) – The School must print out annually for all school leavers, the School must retain for 7 years after the last action and then archive and transfer to State Records Office only when advised by Corporate Information Services.**
- 5. Student files – The School must negotiate with the previous school at the local level the transfer within 5 school days.**

Parent Occupation Groups

Relates to questions in Parent 1 and Parent 2 sections of the Application for Enrolment form

GROUP 1	GROUP 2	GROUP 3	GROUP 4
<p>Senior management in large business organisation government administration & defence, and qualified professionals</p> <p>Senior executive/ manager/ department head in industry, commerce, media or other large organisation.</p> <p>Public service manager (section head or above), regional director, health/education/police/ fire services administrator.</p> <p>Other administrator [school Principal, faculty head/dean, library/museum/gallery director, research facility director].</p> <p>Defence Forces Commissioned Officer.</p> <p>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.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing professional.</p> <p>Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer].</p> <p>Air/sea transport [aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller].</p>	<p>Other business managers, arts/media/sportspersons and associate professionals</p> <p>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p>Specialist manager [finance/engineering/productio n/ personnel/ industrial relations/ sales/marketing].</p> <p>Financial services manager [bank branch manager, finance/ investment/insurance broker, credit/loans officer].</p> <p>Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency].</p> <p>Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author].</p> <p>media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official].</p> <p>Associate professionals generally have diploma/technical qualifications and support managers and professionals.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional.</p> <p>Business/administration [recruitment/employment/indus trial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager].</p> <p>Defence Forces senior Non-Commissioned Officer.</p>	<p>Tradesmen/women, clerks and skilled office, sales and service staff</p> <p>Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</p> <p>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].</p> <p>Skilled office, sales and service staff</p> <p>Office [secretary, personal assistant, desktop publishing operator, switchboard operator].</p> <p>Sales [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher].</p> <p>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].</p>	<p>Machine operators, hospitality staff, assistants, labourers and related workers</p> <p>Drivers, mobile plant, production/ processing machinery and other machinery operators Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper].</p> <p>Office assistants, sales assistants and other assistants</p> <p>Office [typist, word processing/data entry/business machine operator, receptionist, office assistant].</p> <p>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].</p> <p>Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant].</p> <p>Labourers and related workers</p> <p>Defence Forces ranks below senior NCO not included in other groups.</p> <p>Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand].</p> <p>Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor].</p>

These categories have been determined nationally and are designed as broad occupational groupings.
All Australian states and territories use the same categories.



7 September 2020



Dear Parent/Carers,

USE OF THIRD PARTY WEB BASED EDUCATIONAL SERVICES – PERMISSION TO ACCESS GOOGLE SUITE

At Merredin College, Year 1-12 students use G Suite EDU for students for collaborative learning in an online space. The Google suite of tools is designed to empower educators and students as they learn and innovate together.

Upon enrolling your child at Merredin College you may have given permission for them to access the school network and the Internet. If you have not provided these permissions, you will be provided with an additional note requesting permission before your child can access Google. Please note that to allow your child access to the G Suite for EDU through the school we are required to seek your written permission after notifying you about the provider's privacy terms and conditions. Please read the information below carefully and return the signed form to the school if you agree to the service providers conditions and give permission for your child to access this service.

Please note – A separate form will need to be completed for each student.

As our school wishes to register with a web based service provider that requires some personal information about a student in your care, we are obliged under the Commonwealth Privacy Act (1988) to advise you of the reasons for collecting the information, what will be done with it and who else may have access to it.

Name of Provider: Google
Type of Service: Publication and management tools
Website: www.google.com

Summary Terms and Conditions:

Within G Suite for Education, Schools own their data. Merredin College has its own Google Domain and the school manages the users as well as their access to elements of G Suite. Google's responsibility is to keep the data secure.

Google's Privacy Policy:

Please see visit [here](#) for full information about the Google's privacy policy.

Google for Education gives teachers the freedom to spend more time personalizing the learning experience, and less time managing it. Students can learn 21st-century problem-solving and the skills they'll use in their future careers, with accessibility features that help every student do their best work. G suite includes a range of tools designed to empower educators and students to learn and innovate together. Google Classroom allows teachers to distribute work to students and enables them to individualise work and enable collaboration. Teachers can provide instant feedback and track a student's progress to improve performance. At Merredin College we use a range of applications within G Suite including Classroom, Drive, Docs, Sheets and Slides. These allow for students to work online and offline but also access their work at school and at home.

Please complete and return the permission slip below to the front office.

Upon receipt of the completed permission slip, your child will be provided with their Google account for Merredin College.

Yours sincerely,

Lynne Herbert

Deputy Principal



Student's name: _____ Class: _____

**USE OF THIRD PARTY WEB BASED EDUCATIONAL SERVICES -
MERREDIN COLLEGE PERMISSION TO ACCESS G SUITE FOR SCHOOLS**

- ☐ I **consent** to my child having a Google account in the Merredin College domain
- ☐ I **do not consent** to my child having a Google account in the Merredin College domain
for the purpose of:

Parent/Guardian's Name: (please print): _____

Parent/Guardian's signature: _____

Date: _____



STUDENT INFORMATION TECHNOLOGY AGREEMENT PACK (PRIMARY STUDENTS YEARS 3-6)

Dear parent / responsible person

Our school provides access to online services provided by the Department of Education. These increase the range of teaching tools available to staff and enhance the learning opportunities available to students.

I am writing to you to seek approval for your child to be given access to these online services. This will involve the school using the student's full name, preferred name, class and year to access their unique online services account.

The Department's online services currently provide:

- individual email accounts for all students and staff;
- access to the Internet, with all reasonable care taken by schools to monitor and control students' access to web sites while at school;
- access to the online teaching and learning services such as web-conferencing, digital resources and online learning activities;
- access to online file storage and sharing services; and
- access to Portal services from home if the home computer is connected to the Internet.

If you agree to your child using these online services, please complete the permission slip attached to this letter and have your child sign the Acceptable Usage Agreement form. Please go through and explain all of the dot points in the Acceptable Usage Agreement to ensure that your child understands the content before the permission slip is signed. Both signed documents should be returned to school so that an online services account can be created for your child.

Please note that while every reasonable effort is made by schools and the Department to prevent student exposure to inappropriate online content when using Department provided online services, it is not possible to completely eliminate the risk of such exposure.

You should be aware that the Department has the right to review, audit, intercept, access and disclose messages created, received or sent over Department online services. Logs of email transactions and Internet access data are kept for administrative, legal and security purposes and may be monitored. Similar to other corporate records, emails and Internet access records are discoverable in the event of legal action and are subject to provisions of the Freedom of Information Act 1992.

You should also be aware that general Internet browsing not conducted via the Department's network is **not** monitored or filtered by the Department. The Department encourages close family supervision of all Internet use by children in locations other than school, and strongly recommends the use of appropriate Internet filtering software.

Please return the attached forms to your child's class teacher to ensure your child has online access at Merredin College.

Yours sincerely

PRINCIPAL

Permission for students to have an online services account

Student's first name

[illegible][illegible][illegible][illegible][illegible]

Do you give permission for your child to have an online services account? **Yes / No (circle one)**

I agree to and understand the responsibilities my child has when using the online services provided at school for educational purposes, in accordance with the Acceptable Usage Agreement for school students. I also understand that if my child breaks any of the rules in the agreement that the principal may take disciplinary action in accordance with the Department's *Behaviour Management in Schools* policy.

Name of parent or responsible person: _____

Signature of parent or responsible person: _____ **Date:** _____

Note: while every reasonable effort is made by schools and the Department of Education to prevent student exposure to inappropriate online content when using the Department's Online Services, it is not possible to completely eliminate the risk of such exposure. The Department cannot filter Internet content accessed by your child from home or from other locations away from school. The Department recommends the use of appropriate Internet filtering software.

Office use only: Date processed: / / Processed by (initials):

Note: This permission slip should be filed by the Deputy Principal.

MERREDIN COLLEGE

ACCEPTABLE USAGE AGREEMENT (PRIMARY STUDENTS YEARS 3-6)

If you use the online services of the Department of Education you must agree to the following rules:

- I will use the school computer only with the permission of a teacher.
 - I will follow all instructions from teachers when using school computers.
 - I will not let anybody else know my password.
 - I will not let others logon and/ or use my online services account unless it is with the teacher's permission.
 - I will not access other people's online services accounts.
 - I know that I am responsible for anything that happens when my online services account is used.
 - I will tell my teacher if I think someone is using my online services account.
 - I know that the school and the Department of Education may see anything I send or receive using email or online file storage services.
 - I will make sure that any email that I send or any work that I wish to have published is polite, carefully written, well presented and is not harmful to other students (i.e. it does not contain material that is pornographic, racist, sexist, inflammatory, hateful, obscene or abusive nature or which promotes illegal activities or violence).
 - If I use other people's work (including items taken from the Internet) as part of my own research and study I will always acknowledge them.
 - I will obtain permission from the copyright owner for the use of their works if I included them as part of a portfolio for employment, entry for a competition or any other uses other than for private research and study.
 - If I find any information that is inappropriate or makes me feel uncomfortable I will tell a teacher about it. Examples of inappropriate content include violent, racist, sexist, or pornographic materials, or content that is offensive, disturbing or intimidating or that encourages dangerous or illegal activity.
 - I will not reveal personal information, including names, addresses, photographs, credit card details and telephone numbers of myself or others.
 - I will not damage or disable the computers, computer systems or computer networks of the school, the Department of Education or any other organisation.
 - I will be mindful of the possible problems caused by sharing or transmitting large files online, and for sharing other people's copyright online e.g. music and video files.
 -
- I understand that
- I will be held responsible for my actions while using online services and for any breaches caused by allowing any other person to use my online services account;
 - the misuse of online services may result in the withdrawal of access to services and other consequences outlined in the School's policy; and
 - I may be held liable for offences committed using online services.

I agree to abide by the Acceptable Usage Agreement for school students.

I understand that if I am given an online services account and break any of the rules in the agreement, it may result in disciplinary action, determined by the principal in accordance with the Department's *Behaviour Management in Schools* policy.

Name of student: _____

Signature of student: _____ Date: _____

Office use only: Date processed: / / Processed by (initials):

Note: This Agreement should be filed by the Deputy Principal and a copy provided to the student.

1. Will the school have a health care planning form for my child's condition(s)?

Forms are available for common conditions. For other conditions the generic health care form or a plan provided by a medical practitioner can be used.

The following plans are available:

- Severe allergy/anaphylaxis;
- Minor and moderate allergies;
- Diabetes;
- Seizure;
- Asthma;
- Activity of daily living;
- Administration of medication;
- Emergency response plan for students with special needs; and
- Generic health care plan (for all other conditions).

2. Where can I obtain the forms?

The forms can be obtained from the school office.

3. What do I do if my child's health needs change?

Advise the principal immediately if an existing plan needs to be changed or a new plan needs to be developed.

4. What do I need to do if my child is using medication for a short time, e.g. antibiotics and needs to have it administered at school?

You will need to provide the school with written authorisation to administer the medication.

Student Health Care

Parent Information



Department of Education





Your child's health

What health information does the school require at enrolment?

You will be asked :

- to provide a copy of your child's immunisation record (ACIR History Statement if available - Tel: 1800 653 809)
- to complete a Student *Health Care Summary* (HCS) form which provides an overview of your child's health care needs and information for use in a medical emergency
- to complete , sign and return one or more specific health care plans if the HCS indicates your child requires support at school



- to ensure that any medication and equipment you provide for your child is up-to-date and in good working order

Note:

- You may wish to meet with school staff to discuss your child's health care plan, particularly if staff need to be trained to support your child.
- Some health care plans for serious conditions require a medical practitioner's signature. It is important to arrange this as soon as possible.

What will the principal do when I return the health care plan(s)?

The principal will:

- review the plan(s) to ensure the school is able to provide the necessary support;
- arrange staff training if required to support your child;
- ensure plans are implemented, monitored and reviewed annually;
- manage the confidentiality of your child's health care information; and
- provide appropriate storage for medication and health equipment



Immunisation

Australian Immunisation Register (AIR)

It is an enrolment requirement to provide a current copy of your child's immunisation history statement to the school. You can access this information using your Medicare online account through myGov (my.gov.au) or by emailing air@humanservices.gov.au

Your child can have the 4 year old immunisation from 3 ½ years of age.

Primary School Health Record

Parent’s assessment of child’s development

Below are some milestones that most children can do by the time they turn 4. Please tick the boxes below where your child has reached the milestone.

Social/Emotional

- ☐ Enjoys doing new things
- ☐ Is more and more creative with make-believe play
- ☐ Would rather play with other children than by himself
- ☐ Talks about what she likes and is interested in

Comments:

Language/communication

- ☐ Knows some basic rules of grammar, such as correctly using ‘he’ and ‘she’
- ☐ Sings a song or says a poem from memory
- ☐ Tells stories
- ☐ Can say first and last name

Comments:

Learning, thinking, problem solving

- ☐ Names some colours and some numbers
- ☐ Understands the idea of ‘same’ and ‘different’
- ☐ Draws a person with 2 to 4 body parts
- ☐ Uses scissors
- ☐ Tells you what he thinks is going to happen next in a book

Comments:

Movement and physical development

- ☐ Hops and stands on one foot for up to 2 seconds
- ☐ Catches a bounced ball most of the time
- ☐ Pours drink, cuts food with supervision, and mashes own food

Comments:

Is your child receiving any therapy/treatment for any of the issues above? ☐ Yes ☐ No

If yes, with whom?

Has your child had treatment previously? ☐ Yes ☐ No

Confidential Record

Do you have concerns/worries about your child’s speech and/or development? ☐ Yes ☐ No

Please comment

Is your child working towards independent toileting? ☐ Yes ☐ No

Please comment

Vision

Is there a history of vision problems during childhood in family members on either side of the family?

☐ Yes ☐ No If yes, please describe

Has your child had a vision test with a doctor, nurse, optometrist or orthoptist? ☐ Yes ☐ No

If yes, please describe: Date of test / /

Has your child had any of the following? (mark all that apply)

☐ Poor sight ☐ Squint ☐ Turned eye ☐ Eye injury ☐ Operation on eyes

Has your child been prescribed glasses? ☐ Yes ☐ No

If yes, when should they be worn?

Has your child received, or is receiving, medical care for his/her eyes or eyesight? ☐ Yes ☐ No

If yes, please describe: Date of last appointment (month/year)

Do you have any other concerns regarding your child’s eyes or eyesight? ☐ Yes ☐ No

If yes, please describe

Hearing

Is there a history of hearing problems during childhood in other family members on either side of the family?

☐ Yes ☐ No

Has your child had any of the following? (mark all that apply)

☐ Repeated ear infections ☐ Discharge in ears ☐ Hearing loss ☐ Grommets

☐ Other ear operation Please describe

Has your child received, or are they receiving, medical care for his/her ears/hearing? ☐ Yes ☐ No

If yes, please describe

Date of last appointment (month/year)

Do you have any other concerns with your child’s hearing and/or ears? ☐ Yes ☐ No

If yes, please describe

Body Mass Index (BMI)

Do you think your child is: ☐ Underweight ☐ Healthy weight ☐ Overweight

The school health nurse will measure your child’s height and weight and calculate his/her BMI. Your child will not be told the results. If your child is not within the healthy weight range, you will receive more information on BMI with the results, and the school health nurse will contact you to offer information and support.

Lift the Lip

Do you have concerns about your child's teeth? ☐ Yes ☐ No

If yes, please describe

Has your child had a dental examination? ☐ Yes ☐ No Date: / /

Confidential Record

Please describe any relevant past medical history _____

If yes, what are they?

If yes, provide the health professional's contact details _____

Is there any other information you feel would be helpful for the school health nurse (for example, changes or major events in the family: moved house in the last 12 months, unemployment, separation/divorce, family death, mental health concerns)?

Signature (parent or guardian): _____ **Date:** ____/____/____



School Entry Health Assessment



Retain Until: _____

Academic year	K	P	1	2	3	4	5	6
Calendar year								
Form/class								

If you would like help completing this form, please contact the school health nurse at your child's school. Let us know if you need an interpreter.



5. Full name: _____ Date of birth: ____ / ____ / ____

If yes, name/s of previous schools: _____

Confidential Record



7 September 2020

Dear Parent/Carers,

USE OF THIRD PARTY WEB BASED EDUCATIONAL SERVICES – PERMISSION TO ACCESS SEESAW

At Merredin College, K-6 students use the Seesaw app for students to create digital portfolios of work. We hope that this will build a greater connection between home and school and allow parents the opportunity to have a greater understanding of the learning that is taking place in the classroom.

Upon enrolling your child at Merredin College you will have given permission for them to access the school network and the Internet. If you have not provided these permissions, you will be provided with an additional note requesting permission before your child can access Seesaw. Please note that to allow your child access to the Seesaw app through the school we are required to seek your written permission after notifying you about the provider's privacy terms and conditions. Please read the information below carefully and return the signed form to the school if you agree to the service providers conditions and give permission for your child to access this service.

Please note – A separate form will need to be completed for each student.

As our school wishes to register with a web based service provider that requires some personal information about a student in your care, we are obliged under the Commonwealth Privacy Act (1988) to advise you of the reasons for collecting the information, what will be done with it and who else may have access to it.

Name of Provider: Seesaw
Type of Service: Student driven digital portfolios
Website: <http://web.seesaw.me/>

Summary Terms and Conditions:

As a registered school user, Seesaw will have access to your child's first name, class, school and work that has been uploaded onto their digital portfolio.

Seesaw Privacy Policy:

Please see visit <https://app.seesaw.me/about/privacy> for full information about the Seesaw's privacy policy.

Seesaw teachers and students will be able to post work samples, photos, videos and voice recordings to their personal portfolio so that you are able to see their work throughout the year and comment on their progress. Information posted by your child is accessible by **you only** unless they have worked in collaboration with other students on a piece. In this instance, parents of all of the students involved in the piece of work will have access and be able to comment. This is a forum for positive feedback and will be closely monitored by the teacher moderator and all comments will require approval. We recommend that you take a few moments to familiarise yourself with the parent tutorial provided by Seesaw. Teachers and students will add work samples to their portfolio. Each item will be approved by the teacher.

There is a comment section available for both parents and teachers. We encourage you to leave feedback FOR YOUR CHILD. Teaching staff will not respond to comments posted. If you have any questions for your child's teacher, please contact them via the Front Office.

Please complete and return the permission slip below to the front office.

Upon receipt of the completed permission slip, your child will be given a QR code to enable you access to their portfolio.

Yours sincerely,

Lynne Herbert
Deputy Principal



Student's name: _____ Class: _____

**USE OF THIRD PARTY WEB BASED EDUCATIONAL SERVICES -
MERREDIN COLLEGE PERMISSION TO ACCESS SEESAW**

- ☐ I **consent** to my child's information being supplied to Seesaw
- ☐ I **do not consent** to my child's information being supplied to Seesaw for the purpose of:
Accessing the Seesaw App to create a digital portfolio

Parent/Guardian's Name: (please print): _____

Parent/Guardian's signature: _____

Date: _____