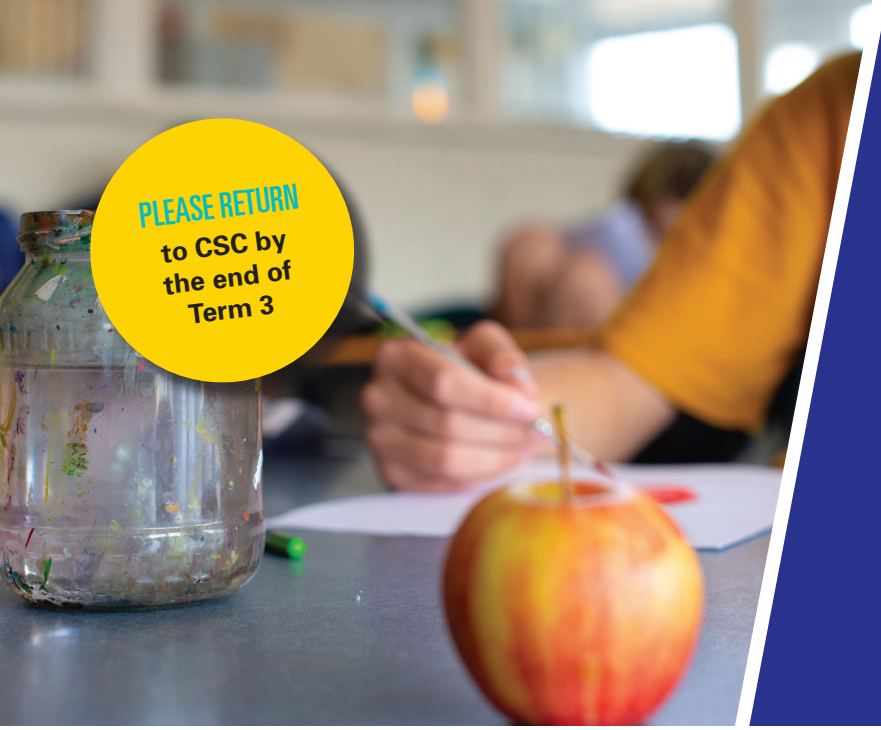

PLEASE RETURN
to CSC by
the end of
Term 3

Enrolment Forms

NAME

YEAR ENROLING INTO

OFFICE USE ONLY
CASES STUDENT CODE

DATE RETURNED

Castlemaine
SECONDARY COLLEGE

Enrolment STUDENT DETAILS

Please complete

Please read our **Welcome to CSC** booklet which contains general information and our Castlemaine Secondary College (CSC) policies. We need you to read, understand and accept these policies before completing these enrolment forms.

DETAILS OF THE STUDENT

TITLE — Miss, Ms, Mrs, Mr	SURNAME	GIVEN NAME/S
PREFERRED NAME — This will be used on all correspondence		*GENDER — Female / Male / Preferred identification
DATE OF BIRTH — DD / MM / YYYY		STUDENT EMAIL ADDRESS
STUDENT MOBILE NUMBER		HOME TELEPHONE NUMBER (Indicate if this is a silent number)

PRIMARY FAMILY HOME ADDRESS OR PO BOX + TOWN + POSTCODE

LIST ANY OTHER FAMILY MEMBERS ATTENDING CSC

OFFICE USE ONLY

STUDENT ENROLMENT COMPUTER GENERATED STUDENT ID

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

Please complete

The Student's **Primary Family** is the family or parent / guardian the student mostly lives with.
If parents live at different addresses please also complete the separate Alternative Family form.
Please ask CSC for an Alternative Family form if you need one.

ADULT A — Primary Carer

FULL LEGAL SURNAME | LEGAL GIVEN NAMES

TITLE – Ms, Mrs, Mr, Mx, Dr etc | *GENDER — F / M / Preferred ID

OCCUPATION

EMPLOYER

COUNTRY OF BIRTH

*LANGUAGE MOST OFTEN SPOKEN AT HOME

ADDITIONAL LANGUAGE/S SPOKEN

PREFERRED LANGUAGE FOR NOTICES

Is an interpreter required? ☐ No ☐ Yes

ADULT B (living at the same address as Adult A)

FULL LEGAL SURNAME | LEGAL GIVEN NAMES

TITLE – Ms, Mrs, Mr, Mx, Dr etc | *GENDER — F / M / Preferred ID

OCCUPATION

EMPLOYER

COUNTRY OF BIRTH

*LANGUAGE MOST OFTEN SPOKEN AT HOME

ADDITIONAL LANGUAGE/S SPOKEN

PREFERRED LANGUAGE FOR NOTICES

Is an interpreter required? ☐ No ☐ Yes

The following information is required by the Department of Education and Training to determine funding CSC receives each year. Please answer honestly about your <u>current</u> situation and check the information on page 15 to correctly identify your occupation groups.

*What is the highest year of school Adult A has completed?
For persons who have never attended school, mark 'Year 9 or below'.

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

*What is the highest level of the highest qualification the Adult A has completed?

- ☐ Bachelor Degree or above
- ☐ Advanced Diploma or Diploma
- ☐ Certificate I to IV (including Trade Certificate)
- ☐ No non-school qualification

☐ * What is the occupation group of Adult A?
Occupation groups are defined on page 15.

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

Adult A — Are you interested in being involved in group participation activities? For example excursions, School Council. ☐ Yes ☐ No

*What is the highest year of school Adult B has completed?
For persons who have never attended school, mark 'Year 9 or below'.

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

*What is the highest level of the highest qualification the Adult B has completed?

- ☐ Bachelor Degree or above
- ☐ Advanced Diploma or Diploma
- ☐ Certificate I to IV (including Trade Certificate)
- ☐ No non-school qualification

☐ * What is the occupation group of Adult B?
Occupation groups are defined on page 15.

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

Adult B — Are you interested in being involved in group participation activities? For example excursions, School Council. ☐ Yes ☐ No

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

PRIMARY FAMILY CONTACT DETAILS

Please complete

PRIMARY FAMILY CONTACT DETAILS

ADULT A — Primary Carer

BUSINESS HOURS

Contactable at work? ☐ No ☐ Yes

Usually home during business hours ☐ No ☐ Yes

WORK TELEPHONE

AFTER HOURS

Usually home after business hours? ☐ No ☐ Yes

HOME TELEPHONE

MOBILE

ADULT B

BUSINESS HOURS

Contactable at work? ☐ No ☐ Yes

Usually home during business hours ☐ No ☐ Yes

WORK TELEPHONE

AFTER HOURS

Usually home after business hours? ☐ No ☐ Yes

HOME TELEPHONE

MOBILE

PREFERRED METHOD OF COMMUNICATION

Please choose one only — or none.

☐ Email ☐ Phone ☐ Mail

Information that cannot be sent by phone will be emailed.

EMAIL ADDRESS

Please choose one only — or none.

☐ Email ☐ Phone ☐ Mail

Information that cannot be sent by phone will be emailed.

EMAIL ADDRESS

TEXT NOTIFICATIONS — CSC uses SMS (Short Messaging Service) or 'texts' to inform parents about events and student absences. It is highly recommended that you opt in to receive these messages.

Agree to receive SMS (text) notifications? ☐ No ☐ Yes

Agree to receive SMS (text) notifications? ☐ No ☐ Yes

PRIMARY FAMILY MAILING ADDRESS

ADDRESS OR PO BOX — Write 'as above' if the same as the home address

Send correspondence to ☐ Adult A ☐ Adult B ☐ Other

PRIMARY FAMILY BILLING ADDRESS

ADDRESS OR PO BOX — Write 'as above' if the same as the home address

BILLING EMAIL

Send billing to ☐ Adult A ☐ Adult B ☐ Other

MEDICAL & EMERGENCY CONTACTS

Please complete

PRIMARY FAMILY'S DOCTOR (see page 10 to give Alternative Family's doctor details)

DOCTOR OF STUDENT	INDIVIDUAL OR GROUP PRACTICE

ADDRESS OR PO BOX

TELEPHONE	FAX

Current ambulance subscription? ☐ No ☐ Yes MEMBERSHIP NUMBER

Medicare number

EMERGENCY CONTACTS — FOR PRIMARY FAMILY & ALTERNATIVE FAMILY

Minimum of two for primary and alternative family. Each emergency contact must be different to the primary carer and the primary family's main contacts. Alternative family emergency contacts should be different from primary family emergency contacts.

NAME	RELATIONSHIP (neighbour, friend)	TELEPHONE	LANGUAGE SPOKEN
PRIMARY FAMILY			
PRIMARY FAMILY			
OPTIONAL			
ALTERNATIVE FAMILY			
ALTERNATIVE FAMILY			
OPTIONAL			

PRIMARY FAMILY — OTHER DETAILS

Relationship of Adult A and Adult B to student:

Adult A ☐ Parent ☐ Step-parent ☐ Adoptive parent ☐ Foster parent ☐ Host family ☐ Relative ☐ Friend ☐ Self ☐ Other

Adult B ☐ Parent ☐ Step-parent ☐ Adoptive parent ☐ Foster parent ☐ Host family ☐ Relative ☐ Friend ☐ Self ☐ Other

Student lives with primary family*: ☐ Always ☐ Mostly ☐ Balanced ☐ Occasionally ☐ Never

Send correspondence addressed to: ☐ Adult A ☐ Adult B ☐ Both adults ☐ Neither

*NOTE: IF the student also lives at another address please request the Alternative Family form to provide CSC with details about the alternative living arrangements.

DEMOGRAPHICS, LIVING ARRANGEMENTS & TRAVEL

Please complete

*In which country was the student born? ☐ Australia ☐ Other

Please specify which country

DATE OF ARRIVAL OR RETURN TO AUSTRALIA — DD / MM / YYYY

RESIDENTIAL STATUS — permanent or temporary

Basis of Australian residency ☐ Eligible for Australian passport ☐ Holds Australian passport ☐ Holds permanent residency visa

VISA SUB CLASS

VISA EXPIRY DATE — DD/MM/YY

VISA STATISTICAL CODE (required for some sub-classes)

INTERNATIONAL STUDENT ID (not required for exchange students)

LANGUAGES

Does the student speak English? ☐ Yes ☐ No

*DOES THE STUDENT SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME — please indicate the language spoken most often at home

*Is the student of Aboriginal or Torres Strait Islander origin? ☐ No ☐ Aboriginal ☐ Torres Strait Islander ☐ Both

LIVING ARRANGEMENTS OF THE STUDENT

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

☐ At home with TWO parents / guardians
☐ At home with ONE parent / guardian
☐ Homeless youth
☐ State arranged Out of Home Care — # See note
☐ Independent
☐ Kinship care
☐ Temporary
☐ Ongoing

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.

TRAVEL TO CSC

Beginning of journey to CSC — Map Type: ☐ Melway ☐ VicRoads ☐ Country Fire Authority ☐ Other

MAP NUMBER

X REFERENCE

Y REFERENCE

What will be the student's usual mode of travel to Castlemaine Secondary College?

☐ Walking ☐ Cycling ☐ Bus ☐ Public bus ☐ Train ☐ Taxi ☐ Driven ☐ Self-driven

CAR REGISTRATION

Distance from the student's primary address to CSC in km

OFFICE USE ONLY

Have living arrangements been updated in XUNO? ☐ No ☐ Yes

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

PREVIOUS SCHOOLING, CONDITIONAL ENROLMENT

Please complete

PREVIOUS SCHOOLING

DATE OF FIRST ENROLMENT IN AN AUSTRALIAN SCHOOL

NAME OF PREVIOUS SCHOOL

YEARS OF PREVIOUS EDUCATION

LANGUAGE OF PREVIOUS EDUCATION

Does the student have a Victorian Student Number? ☐ No ☐ Yes, unknown ☐ Yes

YEARS OF INTERRUPTION TO EDUCATION

Is the student repeating a year? ☐ No ☐ Yes

Will the student be attending CSC full time? ☐ Yes ☐ No. If no, please provide details

NAME OF OTHER SCHOOL

FRACTION OF TIME ATTENDANCE

Enrolled? ☐ Yes ☐ No

NAME OF OTHER SCHOOL

FRACTION OF TIME ATTENDANCE

Enrolled? ☐ Yes ☐ No

CONDITIONAL ENROLMENT

In some circumstances a child may be enrolled conditionally, particularly if the required enrolment documentation to determine the shared parental responsibility arrangements for a child is not provided.

Please refer to the **School Policy & Advisory Library** for more information https://www2.education.vic.gov.au/pal/enrolment/policy

ENROLMENT CONDITIONS

OFFICE USE ONLY

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

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

ACCESS OR ACTIVITY RESTRICTIONS, MEDICAL CONSENT

Please complete

ACCESS & ACTIVITY RESTRICTIONS

Is the student at risk? ☐ No ☐ Yes

Is there an Access Alert? ☐ No ☐ Yes. If yes, provide a current copy of the document to CSC.

Access type: ☐ Parenting order ☐ Parenting plan ☐ Intervention order ☐ Protection order
☐ Informal Carer Stat Dec ☐ DHHS Authorisation ☐ Witness Protection Program ☐ Other

DESCRIBE ANY ACCESS RESTRICTION

Is there an Activity Alert? ☐ No ☐ Yes

DESCRIBE ACTIVITY ALERT

OFFICE USE ONLY

Current custody document placed on student file? ☐ No ☐ Yes

FIRST AID & MEDICAL EMERGENCIES

In the event of illness or injury to the student whilst at CSC, on an excursion, or travelling to or from CSC, I authorise the Principal or teacher-in-charge of the student where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to:

☐ Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner; and / or

☐ Administer such first aid as the Principal or staff member may judge to be reasonably necessary.

NAME OF PARENT / GUARDIAN

SIGNATURE

DATE

STUDENT MEDICAL DETAILS

Please complete

MEDICAL CONDITIONS

Does the student have impairments to: Hearing ☐ No ☐ Yes Speech ☐ No ☐ Yes
Vision ☐ No ☐ Yes Mobility ☐ No ☐ Yes

Do you give permission for the student to receive immunisation injections at CSC? ☐ Yes ☐ No

PARENT NAME	SIGNATURE

ASTHMA MEDICAL CONDITION

Does the student suffer from asthma? ☐ No ☐ Yes **— it's essential you provide a current Asthma Action Plan from your child's GP.**

Does the student suffer any of the following:

- ☐ Cough
- ☐ Difficulty breathing
- ☐ Wheeze
- ☐ Symptoms after exertion
- ☐ Tight chest

If student displays any of those symptoms:

☐ Inform Doctor	☐ No	☐ Yes
☐ Inform Emergency Contact	☐ No	☐ Yes
☐ Administer medication	☐ No	☐ Yes
☐ Other medical action	☐ No	☐ Yes — specify

Has an Asthma Action Plan been provided to CSC? ☐ Yes ☐ No — I will complete the Asthma Action Plan on pages 11-12

Does the student take asthma medication? ☐ No ☐ Yes

NAME OF MEDICATION	IS IT TAKEN REGULARLY (preventative) OR IN RESPONSE TO SYMPTOMS?

HOW FREQUENTLY IS IT TAKEN?	USUAL DOSAGE?

Medication is usually administered by: ☐ Student ☐ Nurse ☐ Teacher ☐ Other

Medication is stored: ☐ With student ☐ With nurse ☐ Fridge in Administration ☐ Other

DOSAGE TIME	REMINDER NEEDED — YES OR NO	POISON RATING

OTHER MEDICAL CONDITIONS

Does the student have any other medical conditions? ☐ No ☐ Yes

PLEASE DESCRIBE, ALONG WITH THE SYMPTOMS

If student displays any of those symptoms:

☐ Inform Doctor	☐ No	☐ Yes
☐ Inform Emergency Contact	☐ No	☐ Yes
☐ Administer medication	☐ No	☐ Yes
☐ Other medical action	☐ No	☐ Yes

Please specify

Does the student take medication? ☐ No ☐ Yes

NAME OF MEDICATION	IS IT TAKEN REGULARLY (preventative) OR IN RESPONSE TO SYMPTOMS?

HOW FREQUENTLY IS IT TAKEN?	USUAL DOSAGE?

Medication is usually administered by: ☐ Student ☐ Nurse ☐ Teacher ☐ Other

Medication is stored: ☐ With student ☐ With nurse ☐ Fridge in Administration ☐ Other

DOSAGE TIME	REMINDER NEEDED — YES OR NO	POISON RATING

Please complete

ALTERNATIVE FAMILY'S DOCTOR

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

DOCTOR OF STUDENT	INDIVIDUAL OR GROUP PRACTICE
ADDRESS OR PO BOX	
TELEPHONE	FAX
Student Medicare number	

CONFIRMATION OF CORRECT INFORMATION

Thank you for taking the time to provide these relevant details.
We understand that this information is confidential and we will treat it as such.

I certify that the information I / we have provided is correct.

NAME OF PARENT / GUARDIAN	NAME OF PARENT / GUARDIAN
SIGNATURE	SIGNATURE
DATE	DATE

Asthma Action Plan

Please complete

BEFORE COMPLETING THIS ACTION PLAN
Asthma Australia recommends that parents / GPs download the latest Asthma Action Plan form as they are updated regularly.

www.asthmaaustralia.org.au/vic/about-asthma/resources/victorian-action-plans

Please complete this form in consultation with the student's doctor.
We are collecting information on your child's asthma so we can better manage you child's asthma while they are in our care. All staff that care for your child will have access to this information. The information you provide will only be distributed to staff to provide appropriate asthma management. CSC will only disclose this information to others with your consent if it is to be used elsewhere. Please contact CSC if you need to update this plan or you have any questions about asthma management at CSC.

If no Asthma Action Plan is provided staff will treat asthma symptoms as outlined in the Victorian Schools Asthma Policy.

PHOTO
(optional)

FULL NAME		AGE & DATE OF BIRTH	
MENTOR GROUP		SEX	
NAME OF EMERGENCY CONTACT			RELATIONSHIP
MOBILE	WORK	HOME	OTHER
DOCTOR'S NAME		PHONE	

Current ambulance subscription? ☐ No ☐ Yes MEMBERSHIP NUMBER

USUAL ASTHMA ACTION PLAN

Is the student on regular preventer medication at home? ☐ No ☐ Yes

Usual signs of asthma
- ☐ Wheeze
- ☐ Tightness in chest
- ☐ Coughing
- ☐ Difficulty breathing
- ☐ Difficulty speaking
- ☐ Other — please describe

Worsening signs of asthma
- ☐ Wheeze
- ☐ Tightness in chest
- ☐ Coughing
- ☐ Difficulty breathing
- ☐ Difficulty speaking
- ☐ Other — please describe

What triggers the asthma?
- ☐ Exercise
- ☐ Colds / Viruses
- ☐ Pollens
- ☐ Dust
- ☐ Other Triggers — please describe

MEDICATION AT CSC

Does the student need help taking their medication?
☐ No ☐ Yes If so, how?

Medication requirements: relievers, preventers, symptom controllers, combination medication and medication before exercise.

Name of Medication	Method (puffer, spacer, turbuhaler)	When and how much?

Asthma Action Plan

Please complete

PLEASE TICK PREFERRED ASTHMA FIRST AID PLAN

☐ **Victorian Schools Asthma Policy for First Aid**

1. Sit the student down and remain calm to reassure them. Do not leave the student alone.
2. Without delay, shake a blue reliever puffer (Airomir, Asmol, Epaq or Ventolin) and give them four separate puffs through a spacer (use the puffer alone if a spacer is not available). Use one puff at a time and ask the student to take breaths from the spacer after each puff.
3. Wait four minutes. If there is no improvement, repeat steps 2 and 3.
4. If there is still no improvement after a further four minutes, call an ambulance immediately and state that the student is having breathing difficulties. Continuously repeat steps 2 and 3 while waiting for the ambulance.
5. If at any time the student's condition suddenly worsens, or you are concerned, call an ambulance immediately.

☐ **Student's Asthma First Aid Plan** (if different from above)

AGREEMENT

- Please notify me if the student regularly has asthma symptoms at CSC;
- Please notify me if the student has received asthma first aid;
- In the event of an asthma attack, I agree to the student receiving the treatment described above;
- I authorise CSC staff to assist the student with taking asthma medication should they require help;
- I will notify you in writing if there are any changes to these instructions; and
- I agree to pay all expenses incurred for any medical treatment deemed necessary.

NAME OF PARENT / GUARDIAN	NAME OF STUDENT
SIGNATURE	SIGNATURE
DATE	DATE

FURTHER INFORMATION ABOUT ASTHMA
For further information about the Victorian Schools Asthma Policy, the Asthma Friendly Schools Program and asthma management in general please contact Asthma Australia.

Asthma Australia
1800 278 462
www.asthma.org.au

Curriculum Options — Year 7 and 8

Please complete

At Castlemaine Secondary College we aim to provide a diverse and culturally rich curriculum that will engage all learners from all backgrounds. Students are grouped with both peers and students from other primary schools to engage in the core subjects as a class. Term by term each class will rotate through specialist areas including: Woodwork, Textiles, Music, Art, Foods, Visual Communications, Materials and Drama.

ENRICHMENT PROGRAM: The enrichment program offers students the opportunity to specialise in a subject area of their choice for a further three classes per week. During this time, students come out of their normal class and are grouped with the students who have chosen this particular enrichment program. The choices are: Art, Music,Technology, Sport, Digital Technologies or Drama with 4 – 5 of these subjects running based on student choice.

LANGUAGE PROGRAM: As part of our compulsory language program students must choose either Indonesian or French.

Both the language and enrichment programs continue into year 8.

NAME OF STUDENT	SEX

ADDRESS

PRIMARY SCHOOL	DATE OF BIRTH

ENRICHMENT PROGRAM — Please order 1 to 6

	Art		Digital Technologies		Drama		Music		Sport		Technology

CSC endeavours to accommodate students' enrichment preference, but cannot guarantee their first choice.

LANGUAGE PROGRAM — Please tick your preferred language.

	Indonesian		French		Either

CSC endeavours to accommodate students' language preference, but cannot guarantee their first choice.

Prior language study

LANGUAGE STUDIED	FOR HOW MANY YEARS

SCHOOL

SIGNATURE OF PARENT / GUARDIAN

Occupation groups

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); or
- Air/sea transport (aircraft/ship's captain, officer, pilot, flight officer, flying instructor, air traffic controller).

Group B

Other business managers, arts/media/sports persons and associate professionals:

Owner or 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 or Service 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, sports coach, trainer, sports official);

Associate professionals — generally have diploma or 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 or project manager); or
- 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 and women are included in this group.

Clerks (bookkeeper, bank or post office clerk, statistical, actuarial clerk, accounting, claims, audit clerk, payroll clerk, recording, registry, filing clerk, betting clerk, stores, inventory clerk, purchasing 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); or
- 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:

Drivers, plant, production, processing machinery and 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;
- Agriculture, horticulture, forestry, fishing, mining (farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging, seafarer/fishing hand); or
- Other worker (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor.

Student support needs

DETAILS

NAME OF STUDENT

Does the student have a specific learning difficulty or learning disability? ☐ Dyslexia ☐ Dyscalculia ☐ Dysgraphia ☐ Other

EXPLANATION

Has the student ever been assessed under the Program for Students with Disabilities? ☐ Yes ☐ No

If yes, were they funded under this program? ☐ No ☐ Yes DATE RANGE OF FUNDING

Has the student ever been diagnosed with:

- ☐ a physical disability
- ☐ a hearing impairment
- ☐ a visual impairment
- ☐ a severe language disorder
- ☐ an intellectual disability
- ☐ Autism Spectrum Disorder
- ☐ a severe behaviour disorder
- ☐ a mental health condition
- ☐ Other

EXPLANATION

Do you have any concerns regarding the students ability to attend or participate in full time education? ☐ No ☐ Yes
If yes, what are your concerns?

Are there any other services involved with the student that may be able to provide us with further information in relation to their educational or support needs? We will not contact them without seeking your consent first. ☐ No ☐ Yes

SERVICE NAME / CONTACT PERSON / CONTACT NUMBER

Is there anything else you would like us to know? ☐ No ☐ Yes

Would you like someone from the Wellbeing team to contact you to provide further information about services available at CSC? ☐ No ☐ Yes

YOUR NAME AND CONTACT DETAILS

PERMISSION Local excursions

Please sign

CSC is required to seek approval from parents when excursions are conducted.

Many schools use a local excursion permission form to cover a range of local activities, including sport carnivals, tennis matches and visits to local theatres.

This permission form covers:

1. Activities that are conducted within the boundaries of Mount Alexander Shire;
2. Sport carnivals, fun runs, excursions to local industries, Court House and other local events and locations; and
3. Activities that do not have an adventure component. For example, rock climbing, canoeing etc.

Parent / guardian approval will be required for activities outside the Shire boundary and those that have an adventure component. Separate approval will also be required for excursions involving an overnight stay. Communication will be via the CSC Newsletter and by a notice sent home. Excursions involving a cost to parents will be subject to a notice from the organising staff member.

Castlemaine Secondary College has no accident insurance covering students.

AGREEMENT

I give permission for:

NAME OF STUDENT

to participate in local excursions conducted by CSC. I understand that this approval applies to all local excursions conducted within the boundaries of the Mount Alexander Shire, and for those which do not involve adventure activities.

Where it is impractical to communicate with me, I authorise the teacher/s in charge to consent to the student named above receiving medical or surgical treatment as may be deemed necessary.

NAME OF PARENT / GUARDIAN

SIGNATURE

DATE

PHONE NUMBER

ACCEPTANCE Privacy, Imagery + Newsletter

Please sign

BEFORE YOU SIGN — Read pages 14-17 of the Welcome booklet
Please read and make sure you understand the CSC Privacy and Images of Students Policy. Your signature will be deemed as acceptance.

PARENT / GUARDIAN

Upon enrolment at CSC, I give permission for images of

NAME OF STUDENT

to be used in Newsletters, CSC Yearbook and other publications.

I understand that on the CSC website there are images of CSC students but students are only identified by their first name or class group. If an individual photograph is required, it will only be published on the CSC website with mine and the student's consent.

When the local press run a story on an individual achievement, my consent will be sought before giving information or photographs for publication. Unless a story features an individual, group photographs are published and students identified by first name and year level only.

NAME

SIGNATURE

DATE

NEWSLETTER

I elect to receive the Newsletter digitally via email.

I understand that this is the primary communication method from CSC. I undertake to read each issue to become informed about activities, events and important announcements from CSC.

EMAIL ADDRESS

ACCEPTANCE Anti-Bullying & Harassment

Please sign

BEFORE YOU SIGN — Read pages 18-21 of the Welcome booklet
Please read and make sure you understand the CSC Anti-Bullying and Harassment Policy. Your signature will be deemed as acceptance.

STUDENT

NAME

SIGNATURE

DATE

PARENT / GUARDIAN

NAME

SIGNATURE

DATE

ACCEPTANCE Technology Usage & Uniform

Please sign

BEFORE YOU SIGN — Read pages 22 and 23 of the Welcome booklet
Please read and make sure you understand the CSC Technology Usage Policy and the Uniform Policy. Your signature will be deemed as acceptance.

STUDENT

I agree to abide by the conditions of the CSC Technology Usage and Uniform policies.

NAME

SIGNATURE

DATE

PARENT / GUARDIAN

I agree to abide by the conditions of the CSC Technology Usage and Uniform policies.

I agree to allow my student to use the internet at CSC. I have discussed the scenarios, potential problems and responsible use of the internet.

I will contact CSC if there is anything here that I do not understand. If there is a situation which concerns me, I will contact either CSC or ACMA, Australia's internet safety advisory body on 1300 850 115.

NAME

SIGNATURE

DATE

APPLICATION FOR TRAVEL

Please ensure all pages are completed and signed

Year	0	Term		PLEASE ENSURE ALL PAGES ARE COMPLETED AND SIGNED

APPLICANT DETAILS							
RESIDENTIAL ADDRESS							
Unit #		Street #		Address			
Town/Suburb				State		Postcode	
Exact distance (in km) by the shortest practicable route				Home to school	km	Home to bus stop	km
POSTAL ADDRESS							
Unit/Street/PO Box #				Postal Address			
Town/Suburb				State		Postcode	
PARENT/GUARDIAN DETAILS							
First Name				Surname		Telephone	
First Name				Surname		Telephone	
Email							
Emergency contacts	1.			Relationship		Telephone	
	2.			Relationship		Telephone	

TRAVELLER DETAILS									
Student one									
First Name				Surname				Date of birth	
Travel start date				School enrolled				Year level at time of travel	
Any medical problems or requirements the driver should be notified of? If yes, please provide details.									
Which days do you intend to use this service? (please use **X** to highlight)									
MON	☐	TUE	☐	WED	☐	THU	☐	FRI	☐
Student two									
First Name				Surname				Date of birth	
Travel start date				School enrolled				Year level at time of travel	
Any medical problems or requirements the driver should be notified of? If yes, please provide details.									
Which days do you intend to use this service? (please use **X** to highlight)									
MON	☐	TUE	☐	WED	☐	THU	☐	FRI	☐
Student three									
First Name				Surname				Date of birth	
Travel start date				School enrolled				Year level at time of travel	
Any medical problems or requirements the driver should be notified of? If yes, please provide details.									
Which days do you intend to use this service? (please use **X** to highlight)									
MON	☐	**TUE**	☐	**WED**	☐	**THU**	☐	**FRI**	☐

APPLICATION FOR TRAVEL

Date Form Submitted		Received By			
Date Form completed		Parent/Guardian signed?		Eligibility assessed - Y/N?	
Waitlisted - Y/N?		Student(s) signed?		Application (s) Approved/Declined	
Have any of these students been granted eligibility on the basis of an exemption? If yes, specify exemption from policy.					
Student one					
Student two					
Student three					
Eligibility Status (Eligible = E, Not Eligible = NE, Exemption Granted = EG or Fare Payer = FP and Fare Amount e.g. FP at $120 per term, $480 per year)					
Student one					
Student two					
Student three					
Fare Payment required –Y/N?		Has Parent/Guardian been invoiced? Y/N		Date	
Fares collected – Y/N?		Has Parent been notified in writing of travel status?		Date	

BUS SERVICE DETAILS			
AM Bus Service (s)			
Bus route allocated		Bus operator	
Interchange details -if req.		Bus operator	
Pick-up bus stop location		Pick up time	
Drop off bus stop location		Drop off time	
Seat number allocated		Bus roll updated	
Comments:			
PM Bus Service (s)			
Bus route allocated		Bus operator	
Interchange details -if req.		Bus operator	
Pick-up bus stop location		Pick up time	
Drop off bus stop location		Drop off time	
Seat number allocated		Bus roll updated	
Comments:			

OFFICE USE ONLY

School Bus Coordinator Name (please print): _____

School Signature – Coordinating Principal / Delegate signature: _____

Date _____

ACCEPTANCE Conditions of Travel

BEFORE YOU SIGN — Read page 24 of the Welcome booklet
Please read and make sure you understand the Public Transport Victoria Conditions of Travel. Your signature will be deemed as acceptance.

PARENT / GUARDIAN

I certify that:

1. The details overleaf are true and correct.
2. I will notify the Principal in writing within seven days of any change of address or school.
3. I agree to pay the costs of repairs or damage to the bus, or its replacement if totally destroyed, caused by the vandalism or deliberate act of my student.
4. I consent to release this information to Public Transport Victoria (PTV) to assist with planning for transport services.
5. I accept the authority of the coordinating Principal with regard to student discipline on the bus service.
6. I agree to abide by the Conditions of Travel.
7. I understand that if I or the student do not comply with the Conditions of Travel, it may result in the student not being permitted to travel on the bus service.

NAME
SIGNATURE
DATE

STUDENTS

I accept the authority of the Principal with regard to discipline on the bus service.
I agree to abide by the Conditions of Travel.

NAME	NAME	NAME
SIGNATURE	SIGNATURE	SIGNATURE
DATE	DATE	DATE

Please return your completed enrolment forms

GRADE 6 STUDENTS
Please return to CSC by the end of Term 3

OTHER STUDENTS
Castlemaine Secondary College
Lawson Parade
PO Box 57
Castlemaine VIC 3450

csc.vic.edu.au
castlemaine.sc@education.vic.gov.au

Castlemaine
SECONDARY COLLEGE

June 2020