

Parent/Carer Enrolment Checklist	
Application to enrol in a NSW Government school.	
Hear Our Heart Bus Project form (please don't date).	
Special Religious Education and Special Education in Ethics Participation.	
Variation to routine.	
Child's birth certificate or identity documents.	
Proof of address such as current council rates notice, drivers licence, electricity bill.	
Immunisation history Statement from the Australian Immunisation Register.	
Any family law or other relevant court orders, if applicable.	
If your child has a health, disability or other support needs you will need to provide copies of medical/healthcare or emergency action plan and evidence of any disability and learning and support plans.	



# Application to enrol in a NSW Government school

Thank you for your interest in seeking enrolment in a NSW Government school.

This application to enrol form is to be completed in English. If you need an explanation of any of the questions or help in completing this application, please ask for assistance from the school staff. You are welcome to provide further information on an attached sheet.

**Before beginning to complete this form please refer to pages 15 and 16 of this form for details about completing this application** and documents that you are required to provide to the school. **An explanation of the purpose and use of the information you provide is given on page 13.**

The school will notify you of the results of your application. The information you have provided will be used by the school for student enrolment if your application is accepted. Please do not purchase items such as uniforms until you receive confirmation of enrolment.

## Student details

### A. Student details

Family name

First given name

Second given name

Preferred first name

Gender

☐ Male ☐ Female

Date of birth

day				month				year			

Into which year are you seeking to enrol this student? (mark only one box)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K	1	2	3	4	5	6	7	8	9	10	12

Intended start date

day		month		year					

### OFFICE USE ONLY

School name

Student registration number

Date of enrolment at this school

day		month		year					

Roll Class (eg 3 SMITH, 9R2)

Current scholastic year in which the student is enrolled (K-12)

House group

Out of home care ☐ Yes ☐ No

Name of statutory care provider

## Student details

### STUDENT'S BROTHERS AND SISTERS

Does this student have any brothers or sisters currently or previously enrolled at a NSW Government school?

☐ Yes ☐ No

If yes, name of most recent school?

If yes, please provide the details of the most recently enrolled brother or sister.

Gender

☐ Male ☐ Female

Date of birth

		/			/				
day			month			year			

Brother's/sister's family name

Brother's/sister's given name

### ABORIGINALITY

Is the student of Aboriginal or Torres Strait Islander origin?

☐ No ☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander

### LANGUAGES OTHER THAN ENGLISH SPOKEN AT HOME

Does the student speak a language other than English at home?

☐ No, English only ☐ Yes

If yes, what language(s) other than English are spoken at home?

Please write the actual language(s) used, for example, Swahili (not African), Punjabi (not Indian), Auslan, Aboriginal English, Torres Strait Creole.

Main language other than English spoken at home by the student

Other language(s) spoken at home

### STUDENT'S MOBILE PHONE

Student's mobile phone number (if applicable)

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## Student details

### COUNTRY OF BIRTH

What is the country of birth of the student seeking to be enrolled?

### STUDENT'S RESIDENCY STATUS

What is the student's residency status?

☐ Australian citizen

☐ New Zealand citizen

☐ Norfolk Islander

☐ Permanent resident

☐ Temporary visa holder

☐ Residence determination

A student born in Australia is only automatically an Australian citizen if at least one parent was an Australian citizen or permanent resident when the student was born. To determine the student's residency status, refer to the Proof of Identity and Residency Status policy on the Department's website. If the student is a temporary visa holder, please contact the Temporary Residents Program on 1300 300 229. If the student is holding or applying for visa subclass 571, please contact the International Students Program on 1300 300 229.

If born overseas, on what date did the student arrive in Australia?

day		month		year					

For Australian born citizens, if the student was living overseas for two or more years, on what date did the student return to Australia?

day		month		year					

If the student is a permanent or temporary visa holder, please provide the following information

Current visa sub-class

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Visa expiry date

day		month		year					

If this is not the student's first enrolment at an Australian school, what was the student's first date of enrolment at an Australian school?

day		month		year					

### PREVIOUS SCHOOLS

Please provide details of any school where the student has previously been enrolled (NSW, interstate or overseas) starting with the most recent.

Name of school last attended

Location of school last attended (suburb/town/state/country)

Dates of attendance (for example: from 05/2009 to 06/2011)

month		year		to		month		year									

Names of other schools attended and their locations

If more space is needed, please attach a page marked 'Previous Schools'.

### KINDERGARTEN STUDENTS

In the year before school, has the student been in non-parental care on a regular basis and/or attended any other educational programs?

☐ Yes ☐ No

If yes, indicate any of the following that apply and show if this was part time (less than 15 hours per week) or full time (15 hours or more per week).

☐ Preschool

☐ Part time

☐ Full time

Postcode

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☐ Long Day Care (with a preschool program)

☐ Part time

☐ Full time

Postcode

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☐ Long Day Care (without a preschool program)

☐ Part time

☐ Full time

Postcode

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☐ Family Day Care

☐ Part time

☐ Full time

☐ Grandparent

☐ Part time

☐ Full time

☐ Other formal or informal care

☐ Part time

☐ Full time

(eg occasional care, playgroup, other relative, nanny, friend, neighbour)

**Preschools** usually operate on school days and in school terms, and provide structured early learning to children in the year or two before school.

**Long day care services** offer all-day care for most of the year for children aged 0 to 6. They may also offer 'preschool programs' specifically for children in the year or two before school.

Name of preschool/long day care service

## Family details

### B. Parent/Carer 1 with whom this student normally lives

If applicable, copies of any relevant family law or other court orders must be provided.

Title (eg Mr/Ms/Mrs/Dr)

Gender

☐ Male ☐ Female

Relationship to student (eg mother/father/carers)

Family name

Given name

Country of birth

Aboriginality

☐ No ☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander

### OCCUPATION GROUP

Please choose the group that best describes your occupation

Mark one box only. If you have retired or stopped work in the last 12 months, choose the group in which you used to work. See page 16 for more information and examples.

- ☐ Group 8 Have not been in paid work in the last 12 months
- ☐ Group 4 Machine operators, hospitality staff, assistants, labourers and related workers
- ☐ Group 3 Tradespeople, clerks and skilled office, sales and service staff
- ☐ Group 2 Other business managers, arts/media/sportspersons and associate professionals
- ☐ Group 1 Senior management in large business organisation, government administration and defence, and qualified professionals

Occupation

### SCHOOL EDUCATION

What is the highest level of schooling completed?

For persons who never attended school, mark 'Year 9 or equivalent or below' (mark one box only).

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

### EDUCATIONAL QUALIFICATIONS

What is the highest qualification completed?

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

### LANGUAGES OTHER THAN ENGLISH SPOKEN AT HOME

Does this parent/carers speak a language other than English at home?

☐ No, English only ☐ Yes

If yes, what language(s) other than English are spoken at home?

Please write the actual language(s) used, for example, Swahili (not African), Punjabi (not Indian), Auslan, Aboriginal English, Torres Strait Creole.

Main language other than English spoken at home by parent/carers 1

Other language(s) spoken at home

Interpreters may be available during school interviews. Would an interpreter be required? ☐ Yes ☐ No

## Family details

### Parent/Carer 2 with whom this student normally lives

If applicable, copies of any relevant family law or other court orders must be provided.

Title (eg Mr/Ms/Mrs/Dr)

Gender

☐

Male

☐

Female

Relationship to student (eg mother/father/carers)

Family name

Given name

Country of birth

Aboriginality

☐

No

☐

Aboriginal

☐

Torres Strait Islander

☐

Both Aboriginal and Torres Strait Islander

### OCCUPATION GROUP

Please choose the group that best describes your occupation

Mark one box only. If you have retired or stopped work in the last 12 months, choose the group in which you used to work. See page 16 for more information and examples.

☐ Group 8

Have not been in paid work in the last 12 months

☐ Group 4

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

☐ Group 3

Tradespeople, clerks and skilled office, sales and service staff

☐ Group 2

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

☐ Group 1

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

Occupation

### SCHOOL EDUCATION

What is the highest level of schooling completed?

For persons who never attended school, mark 'Year 9 or equivalent or below' (mark one box only).

☐ Year 12 or equivalent

☐ Year 11 or equivalent

☐ Year 10 or equivalent

☐ Year 9 or equivalent or below

### EDUCATIONAL QUALIFICATIONS

What is the highest qualification completed?

☐ No non-school qualification

☐ Certificate I to IV (including trade certificate)

☐ Advanced diploma/diploma

☐ Bachelor degree or above

### LANGUAGES OTHER THAN ENGLISH SPOKEN AT HOME

Does this parent/carers speak a language other than English at home?

☐ No, English only

☐ Yes

If yes, what language(s) other than English are spoken at home?

Please write the actual language(s) used, for example, Swahili (not African), Punjabi (not Indian), Auslan, Aboriginal English, Torres Strait Creole.

Main language other than English spoken at home by parent/carers 2

Other language(s) spoken at home

Interpreters may be available during school interviews. Would an interpreter be required? ☐ Yes ☐ No

## Family details

### C. Parents/carers with whom this student normally lives

Name to be used for all correspondence (eg Mr and Mrs A Black, Ms B Green)

Residential address (eg 1 High Street, Sydney, NSW, 2000)

Is this the residential address of the student to be enrolled? ☐ Yes ☐ No

Correspondence address

If you have a correspondence address that is different to your residential address please write it below (eg PO Box 51, Sydney, NSW, 2001).

If the school needs to contact a parent/carer, please specify, in order of preference, who to contact

If there are any special conditions or times relevant to any contact number, please include this in the comment box next to the number (eg Mondays and Tuesdays only).

#### NAME OF PARENT/CARER TO CONTACT FIRST

Phone number (mobile)

Phone number (home)

Phone number (work)

Comments

Contact email address

#### NAME OF PARENT/CARER TO CONTACT SECOND

Phone number (mobile)

Phone number (home)

Phone number (work)

Comments

Contact email address



## Family details

### D. Parents/carers not living with this student

Complete only if applicable. Copies of any relevant family law or other court orders must be provided. Please print and attach additional pages if required for multiple parents/carers not living with this student.

Title (eg Mr/Ms/Mrs/Dr)

Gender

☐ Male☐ Female

Relationship to student (eg mother/father/carer)

Family name

Given name

Aboriginality

☐ No☐ Aboriginal☐ Torres Strait Islander☐ Both Aboriginal and Torres Strait Islander

### OCCUPATION GROUP

Please choose the group that best describes your occupation

Mark one box only. If you have retired or stopped work in the last 12 months, choose the group in which you used to work. See page 16 for more information and examples.

☐ Group 8

Have not been in paid work in the last 12 months

☐ Group 4

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

☐ Group 3

Tradespeople, clerks and skilled office, sales and service staff

☐ Group 2

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

☐ Group 1

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

Occupation

### SCHOOL EDUCATION

What is the highest level of schooling completed? For persons who never attended school, mark 'Year 9 or equivalent or below' (mark one box only).

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

### EDUCATIONAL QUALIFICATIONS

What is the highest qualification completed?

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

### CONTACT DETAILS

If there are any special conditions or times relevant to any contact number, please include these in the comment box next to the number (eg Mondays and Tuesdays only).

Phone number (mobile)

Phone number (home)

Phone number (work)

Comments

Preferred email address for correspondence



## Family details

### D. Parents/carers not living with this student (continued)

Residential address (eg 1 High Street, Sydney, NSW, 2000)


Does the student sometimes reside at this address? ☐ Yes ☐ No

Correspondence address

If you have a correspondence address that is different to your residential address please write it below (eg PO Box 51, Sydney, NSW, 2001).


## Additional emergency contacts

### E. Additional emergency contacts

Please nominate two people over the age of 18 years who may be contacted in the event of an emergency if the school is unable to contact the parents/carers listed in Section C. Ideally each contact should be someone who lives near the school. Please ensure that you have discussed with these people their willingness to be emergency contacts.

#### CONTACT DETAILS (first preference)

Family name

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Given name

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Relationship to student (eg neighbour/aunt/uncle)

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If there are any special conditions or times relevant to any contact number, please include these in the comment box next to the number (eg Mondays and Tuesdays only).

Phone number (mobile)

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Comments

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Phone number (home)

--	--	--	--	--	--	--	--	--	--

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Phone number (work)

--	--	--	--	--	--	--	--	--	--

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#### CONTACT DETAILS (second preference)

Family name

--

Given name

--

Relationship to student (eg neighbour/aunt/uncle)

--

If there are any special conditions or times relevant to any contact number, please include these in the comment box next to the number (eg Mondays and Tuesdays only).

Phone number (mobile)

--	--	--	--	--	--	--	--	--	--

Comments

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Phone number (home)

--	--	--	--	--	--	--	--	--	--

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Phone number (work)

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## Student details – additional information

### F. Special circumstances

Are there any special circumstances about the student seeking to be enrolled that the school should know prior to enrolment?

(eg living apart from parental supervision, subject of a court order, subject of bullying by others, out of home care arranged by the state, pregnancy, mature age, asylum seeker student living in immigration detention, eg community detention).

☐ Yes ☐ No

If yes, please provide a brief description of the circumstances. Write in the spaces below.

### G. Students with additional learning and support needs, including disability

Does the student require support for learning because of disability? ☐ Yes ☐ No

Legislation and NSW Department of Education policy recognise that adjustments may be required for students with special needs, including students with disability, so that they can participate at school. School personnel and parents work together to identify the adjustments that may be needed to meet the student's learning and support needs.

Is there anything that you do or modify at home that may help us at school to meet the student's educational needs? ☐ Yes ☐ No

If yes, please specify

Please indicate any learning adjustments that may be required to allow the student to participate at school (complete only if applicable)

- ☐ changes to learning programs and/or teaching strategies
- ☐ communication, eg speaking and/or listening
- ☐ modification to equipment, furniture, learning spaces and/or learning materials
- ☐ support for personal care needs, eg hygiene, mealtimes and/or health care needs
- ☐ social support to engage safely with other children and teachers
- ☐ other (please specify)

Please indicate if the student has any of the following

- |                                                |                                                   |                                                 |
|------------------------------------------------|---------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> autism                | <input type="checkbox"/> a hearing impairment     | <input type="checkbox"/> a language disorder    |
| <input type="checkbox"/> a physical disability | <input type="checkbox"/> difficulties in learning | <input type="checkbox"/> acquired brain injury  |
| <input type="checkbox"/> behaviour disorder    | <input type="checkbox"/> intellectual disability  | <input type="checkbox"/> mental health disorder |
| <input type="checkbox"/> a vision impairment   | <input type="checkbox"/> other (please specify)   |                                                 |

Has any previous education provider prepared a documented plan to support the student's additional learning needs? ☐ Yes ☐ No

If yes, please provide details

## Student details – additional information

### H. Student medical details and health conditions

It is essential you inform the school before your child is enrolled if he or she has any medical conditions. This must include any known allergies. You should also contact the school as soon as you are aware of any newly diagnosed allergies, other medical conditions or changes to an existing condition. This will assist the school to support the safety and wellbeing of your child and allow planning to occur to determine the best way to meet the individual health and support needs of your child. This is important information for your child's safe participation at the school.

Note: Where the words 'your child' are used, they should be taken as a reference to the student seeking enrolment.

Student's Medicare number

Student's Medicare card reference number

Medicare card valid to date

month

year

Doctor's name/medical centre

Doctor's address (eg 1 High Street, Sydney, NSW, 2000)

Doctor's phone number (work)

Please provide the name, address and phone number of any other doctor or medical specialist who may currently be treating your child for any allergy or other medical condition you may list when completing Section H. Attach an additional page if required.

Allergy / medical condition	Doctor's name	Address	Telephone

If your child has a documented plan to support any health or medical needs from a previous school or organisation (eg preschool, occasional care, etc) please provide it to the school as an attachment to this form.

#### ALLERGIES – THESE CAN INCLUDE ALLERGIES TO INSECT STINGS, DRUGS, LATEX, FOOD (EG NUTS, EGGS, PEANUTS) OR OTHER.

If your child has an allergy, please specify in the box below. For this allergy, answer the 11 questions that follow (where applicable). If there is insufficient space, please attach additional pages clearly marked 'Section H'

For any **additional allergies** your child has, **please answer each of the 11 questions** (where applicable) on a separate page for each allergy. Attach this additional information (clearly marked 'Section H') to the back of this form.

Allergy to

1. Has a doctor diagnosed this allergy? ☐ Yes ☐ No

2. Is this a severe allergy (anaphylaxis)? ☐ Yes ☐ No

Anaphylaxis is a severe, potentially life-threatening, allergic reaction.

3. Has your child been hospitalised with a severe allergic reaction (anaphylaxis) or any other allergy? ☐ Yes ☐ No

4. If yes, which hospital?

5. Does your child have an ASCIA Action Plan for Anaphylaxis? ☐ Yes ☐ No

6. If yes, is this plan attached? ☐ Yes ☐ No

7. Has your child been prescribed an adrenaline autoinjector (ie EpiPen®)? ☐ Yes ☐ No

If your child has been prescribed an adrenaline autoinjector, you will need to provide the school with one (and renew prior to expiry date).

Each time your child is prescribed a new adrenaline autoinjector the doctor should issue an updated ASCIA Action Plan for Anaphylaxis. It is important that any updated plan is provided to the school.

## Student details – additional information

8. What is the expiry date of the adrenaline autoinjector that will be provided to the school?

		/				
month			year			

*If not known at the time of completing this form, the school will require this information on enrolment.*

9. Does your child have an ASCIA Action Plan for Allergic Reactions? ☐ Yes ☐ No

10. If yes, is this plan attached? ☐ Yes ☐ No

*It is important that any updated plan is provided to the school.*

11. Please list any other medication prescribed for this allergy

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*The school will require further details in relation to prescribed medication on enrolment.*

*Parents of children who require their child to be administered prescribed medication at school must complete a written request. The school can provide you with a copy of a request form. Information is also available on the Department's website.*

### MEDICAL CONDITIONS OTHER THAN ALLERGIES AND ANAPHYLAXIS (EG ASTHMA, SEVERE ASTHMA, DIABETES, EPILEPSY)

*Please identify and provide details below of any other medical condition for which your child is being treated. (If more than one condition or insufficient space, please attach additional pages and include answers to all 7 questions that follow).*

Medical condition

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1. Has a doctor diagnosed this condition? ☐ Yes ☐ No

2. Has your child been hospitalised with this condition? ☐ Yes ☐ No

3. If yes, which hospital?

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4. Does your child have a documented action plan from a doctor (eg asthma action plan)? ☐ Yes ☐ No

5. If yes, is this plan attached? ☐ Yes ☐ No

6. Is your child taking prescribed medication for this condition? ☐ Yes ☐ No

7. If yes, what is the prescribed medication?

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*The school will require further details in relation to prescribed medication on enrolment.*

*Parents of children who require their child to be administered prescribed medication at school must complete a written request. The school can provide you with a copy of a request form. Information is also available on the Department's website.*



## Student details – additional information

### I. Student's history relevant to risk assessment

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

To your knowledge, is there anything in the student's history or circumstances (including medical history not listed in Section H) which might pose a risk of any type to this student, other students, or staff at this school?

☐ Yes ☐ No

If yes, please provide a brief description of the student's medical or other history which might pose a risk of any type to him or her, other students, or staff at this school.

Please provide names and contact details of health professionals or other relevant bodies that have knowledge of these issues.

Does the student have any history of violent behaviour? ☐ Yes ☐ No

If yes, please provide details.

Has the student ever been suspended or expelled from any previous school? ☐ Yes ☐ No

If yes, was this for:

Actual violence to any person?

☐ Yes ☐ No

Possession of a weapon or any item used to cause harm or injury?

☐ Yes ☐ No

Threats of violence or intimidation of staff, students, or others at the school?

☐ Yes ☐ No

Illegal drugs?

☐ Yes ☐ No

Are you aware of any other incidents of the kind listed above in which the student has been involved outside of the school setting?

☐ Yes ☐ No

If yes, please provide a brief outline of these incidents.

## Personal information, consent, and declaration of accuracy

The personal information collected on this application is for purposes directly related to your child's education including processing this application.

Any information provided to the NSW Department of Education (the Department) will be used, disclosed and stored consistent with the NSW privacy laws.

Certain information is required by the Department to meet its duty of care and other legal obligations under public health, education and child protection legislation and for meeting data collection and reporting requirements under Commonwealth – State funding agreements which may involve evaluation and assessment of student outcomes.

Information may be disclosed to NSW State and Commonwealth government agencies and other organisations for the above purposes and as authorised or required by law.

Information will be stored on a secure electronic database. You may access or correct the information by contacting your child's school. If you have a concern or complaint about the information collected or how it has been used or disclosed you should contact the school.

If you choose not to provide some requested information it may have a detrimental impact on your child's enrolment, resourcing of the school or meeting your child's educational needs.

Further information about the collection of information while your child is enrolled at a NSW Government school, and how we protect your privacy, is available on the Department's website or from your school.

### Publishing student information

The school/Department may publish information about your child for the purposes of sharing his/her experiences with other students, informing the school and broader community about school and student activities and recording student participation in noteworthy projects or community service.

This information may include your child's name, age, class and information collected at school such as photographs, sound and visual recordings of your child, your child's work and expressions of opinion such as in interactive media.

The communications in which your child's information may be published include but are not limited to:

- Public websites of the Department including the school website, the Department's intranet (staff only), blogs and wikis
- Departmental publications including the school newsletter, annual school magazine and school report, promotional material published in print and electronically including on the Department websites
- Official departmental and school social media accounts on networks such as the school's YouTube, Facebook and Twitter pages.

Parents should be aware that when information is published on public websites and social media channels it can be linked to by third parties and may be discoverable online for a number of years, if not permanently. Search engines may also cache or retain copies of published information.

### Permission to publish

I have read the information about publishing student information (above) and

☐ I give permission ☐ I do not give permission

for the school/Department to publish information about my child in publicly accessible communications. This permission remains effective until I advise otherwise.

### Online services

The Department provides students with filtered access to the Internet. Students also have access to a secure learning portal. After logging into their portal, students have access to a personalised email account and online applications. These resources enable students to collaborate with peers, publish online, and securely store their data for access within, or outside of, school.

When accessing some online services, data, including your child's name and files they have saved, are stored with the online application service provider in a location outside of the Department's network. The Department has worked closely with online application providers to assess privacy impacts and data security controls. Information about student privacy for parents is available from <https://education.nsw.gov.au/going-to-a-public-school/privacy-information> or from your school.

☐ I give permission ☐ I do not give permission

for my child to have access to online services provided by the Department. This permission remains effective until I advise the school otherwise.

### Consent

I have provided information about the learning and support needs, including health condition(s) and/or special need(s) and/or history relevant to a risk assessment, related to the student listed in Section A of this application form.

I consent to the school/Department of Education seeking information from previous schools, other NSW government departments, public hospitals, health professionals or other organisations that may also hold information related to this assessment for the student named on page 1.

I consent to the health professional(s) treating any medical or health condition identified in this application, to provide the school/Department with information about any condition that has been identified in this application. This may include any other aspects of the student's health that may impact on the condition or on the health and safety of this student or other students at school or on staff at the school.

### Declaration of accuracy and signature

I declare that the information provided in this application is, to the best of my knowledge and belief, accurate and complete.

I have read and understand the information in this application including about the collection of personal information, publishing student information, online services and consent.

Where I have given personal information about people other than myself or my child(ren) I have done so with their authorisation.

I am aware that if information I have given is false or misleading, any decision made as a result of this application may be changed.

#### Signature of parent/carer

(at least one of the student's parents/carers must sign the application to enrol)

Print name

Date (dd/mm/yyyy)

/   /

Signature of second parent/carer

Print name

Date (dd/mm/yyyy)

/   /

## OFFICE USE ONLY

### Record of evidence - all students

Original documents must be sighted.

Photocopies of evidence related to student identity and their residential address may also be required.

**Student Identity** (name and age eg birth certificate, passport etc)

☐ Yes ☐ No

**Residential address**

(eg rates notice, rental agreements, electricity accounts etc)

**Evidence supplied** ☐ Yes ☐ No

**In area?** ☐ Yes ☐ No

In addition, for students who are not Australian citizens, more information is required.

**Passport or travel documentation no.**

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**Country of issue**

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**Current visa sub-class** (if applicable)

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**Previous visa sub-classes** (if applicable)

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In addition (for temporary visa holders) Authority to Enrol code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Medical/emergency plans sighted and copied**

(eg ASCIA Plan)

☐ Yes ☐ Not applicable

**Disability or other support needs, including any personal learning and support plan sighted and copied**

☐ Yes ☐ Not applicable

**AIR Immunisation History sighted, and a copy retained, for students enrolling in a NSW Government school for the first time**

☐ Yes ☐ No

If yes, AIR Immunisation History statement indicates immunisation status

☐ Up to date ☐ Not up to date

**Any family law, AVOs or other relevant court order sighted and copied**

☐ Yes ☐ Not applicable

**For parent not living with student** (Section D p7)

☐ Shared parental responsibility

☐ Receive academic report

**SRE and SEE participation letter returned**

☐ Yes ☐ Not applicable

### Principal's checklist

1. Enrolment interview conducted? ☐ Yes ☐ No

2. Special circumstances, additional support needs and student history assessed? ☐ Yes ☐ Not required

3. Risk assessment required? ☐ Yes ☐ No

If yes, risk assessment conducted? ☐ Yes

4. Is personalised learning and support required for this student? ☐ Yes ☐ No

If yes:

Consultation with parents/carers conducted ☐ Yes

Planning to personalise learning and support completed? ☐ Yes ☐ Not required

Behaviour Management Plan (violence) developed?\* ☐ Yes ☐ Not required

Behaviour Management Plan (other) developed?\* ☐ Yes ☐ Not required

Individual Health Care Plan developed?\* ☐ Yes ☐ Not required

Emergency response plan developed?\*\*\* ☐ Yes ☐ Not required

5. Communication of documented provision/s and plan/s to relevant staff? ☐ Yes ☐ Not required

\* It may be necessary to defer the finalisation of enrolment until this action has been taken. This may require development of an interim plan until all relevant medical or other information has been obtained. Consideration must be given to all special needs when developing behaviour management or health care plans. Any deferral should be no more than reasonably necessary to collect the required information.

An emergency response plan must be included in the student's individual health care plan where the student is diagnosed at risk of a medical emergency.

\*\* Where a student has been diagnosed at risk of anaphylaxis the emergency response plan will be the ASCIA Action Plan for Anaphylaxis, which will be provided by the parent, completed and signed by the treating doctor.

### Principal's certification

On the basis of the information provided on this form and gained from the required assessments,

☐ I accept, or

☐ I decline this application to enrol

**Signature of principal**

--

**Print name**

--

**Date**

		/			/						
day		month		year							



## Application to enrol in a NSW Government school – Information Sheet

**PLEASE TEAR OFF THIS BACK PAGE BEFORE RETURNING YOUR APPLICATION TO THE SCHOOL.**

### Having trouble with this form?

If you have difficulty understanding this form or would like further information, please call the school.

If you need assistance with English please call the **Telephone Interpreter Service** on telephone **131 450** and ask for an interpreter in your language. The operator will get an interpreter on the line to assist you with your conversation. You will not be charged for this service.

### How to complete this application form

- All applicants **must** complete sections A, B, C, E, H and I
- You **may** be required to complete sections D, F and G
- Use a black or blue pen to fill in this form
- When you are asked to mark a box, put a tick or a cross in the box like this: ☒ ☒
- When you are asked to put information into boxes, put a single number in each box like this:

1	2	3	4											
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

- Please print as neatly and legibly as possible like this:

Write as clearly as possible in the box

- Attach any additional information securely to the back of this form. Clearly indicate which section (A–I) this information refers to.
- If you require another application form, you can download additional copies from:  
<https://education.nsw.gov.au/going-to-a-public-school/translated-documents/enrolment-application>

Note: In every Government school, time is to be allowed for Special Religious Education (SRE) and/or Special Education in Ethics (SEE). Schools offering SRE and/or SEE will provide you with a SRE and SEE participation letter to complete and return to the school.

### Complaints, Compliments and Suggestions

If you have a complaint, compliment or suggestion or are concerned about any aspect of our services we're keen to hear from you.

We encourage you to contact the school to talk about your concerns, as most problems can be solved by talking to the school office staff, your child's teacher or the school principal. They know your child and are best placed to help you. Also, it's best if you let them know about your concerns as early as possible.

We will deal with your issue thoroughly and fairly and we have a clear process for resolving problems.

Further information, including access to our Complaints Handling Policy and procedures, is available from:

<https://education.nsw.gov.au/public-schools/going-to-a-public-school/enrolment>

### Checklist

**When you come to the school to enrol, please bring these original documents with you:**

- ☐ **Proof of student's residential address**  
(eg council rates notice, residential lease, electricity accounts, statutory declaration etc)
- ☐ **Birth certificate or identity documents**
- ☐ **Australian Immunisation Register (AIR) Immunisation History Statement** (required for all students enrolling in NSW Government schools for the first time)

#### In addition

*If your child is the subject of family law matters you will need to provide:*

- ☐ **Copies of any family law or other relevant court orders**

#### In addition

*If your child has health, disability or other support needs you will need to provide:*

- ☐ **Copies of medical/healthcare or emergency action plans**
- ☐ **Evidence of any disability or other support needs, including any learning and support plans**

#### In addition

##### Non-Australian Citizens

*If your child is a permanent resident but not an Australian citizen you will need to provide:*

- ☐ **Passport or travel documents**
- ☐ **Current visa and previous visas** (if applicable)

#### In addition

##### Temporary visa holders

*If your child is a temporary visa holder you will need to provide:*

- ☐ **Passport or travel documents**
- ☐ **Current visa and previous visas** (if applicable)
- ☐ **Authority to Enrol issued by the Temporary Residents Program Unit.** This is required for visitor and temporary visa holders (other than sub class 571P referred to below)
- ☐ **Authority to Enrol or evidence of permission to transfer issued by the International Student Centre** (if holding an international full fee student visa, sub class 571P)
- ☐ **Evidence of the visa the student has applied for** (if the student holds a bridging visa)

**Need more help? Contact your school or visit [www.schools.nsw.edu.au](http://www.schools.nsw.edu.au)**



## Parent occupation groups

The main purpose for collecting this information is to promote and implement the National Goals for Schooling by informing State and Commonwealth Governments on matters that may affect resourcing to your child's school and preschool.

You will need to use this table to complete the 'Occupation Group' section on pages 4, 5 and 7.

The five groups listed here are used by the Australian Bureau of Statistics to classify occupations. Please choose the group (1, 2, 3, 4 or 8) that you think best describes your occupation.

If you have retired or stopped work in the past 12 months, choose the group in which you used to work.

### Group 8

- You have not been in paid work in the last 12 months

### Group 4

**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, kitchenhand, 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 below
- 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)

### Group 3

**Tradespeople, clerks and skilled office, sales and service staff**

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

### Group 2

**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 1

**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)

### VARIATION TO ROUTINES

Dear Parent/Caregiver,

To enable your child to participate in any type of change to their classroom routine for the year accompanied by a teacher within walking distance of the school, we MUST have a signed permission note from their parent or guardian. Without this note, we cannot allow your child to go along with their class for the planned activity. Therefore, would you please complete the permission note below and return it to the school as soon as possible.

Yours sincerely

Tricia Howard  
Principal.



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#### *GILGANDRA PUBLIC SCHOOL VARIATION TO ROUTINES*

To The Principal:

I give permission for my child \_\_\_\_\_

of class/\_\_\_\_\_ to participate in changes of routines, e.g. sporting activities and educational experiences at venues within walking distance of the school.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Caregiver)



[www.hearourheart.org](http://www.hearourheart.org)

Dear Parents/Carers

The Hear our Heart Ear Bus Project will be visiting our school this year to deliver their free healthy ears program and targeted hearing testing to help our children achieve better learning outcomes. They are a project owned by the Dubbo District Parent Support Group for Deaf / Hearing Impaired. The group of dedicated local volunteers have been fundraising since 2012 to pay appropriate professionals to deliver the program. This year they will have their purpose built bus to do the testing in.

**Please return the permission note and checklist ASAP to your child's teacher if you would like your child to be part of the program. Children's ear health changes so quickly throughout the year which can affect their learning. If we have the permission notes ready they can be tested at any time you or your child's teacher are concerned.**

How the testing program works:

1. **EVERY** child at school is given a permission note for hearing screening, however not every child will need to be tested. **WHY?**  
The project prefers to send notes for every child to **help promote prevention and education of hearing loss** for all families, not just the ones who have ear problems as ear health changes so quickly.
2. **Not all children need to be tested each time.**  
When the notes are returned we will work with Hear our Heart to look at your child's medical history, your checklist and the teacher's checklist to **prioritise** and **target** the children who we feel need a test according to the checklists.  
  
However, if you are concerned about your child's learning at **any stage throughout the year** please speak to their teacher-ear health changes from week to week.
3. The project returns every 3-4 months to monitor. They also provide access to a free Ear Specialist Clinic and diagnostic testing at Community Health sound proof booth throughout the year.
4. Permission notes remain current for 1 school year.

I encourage you to promote this worthy project when you can and if you are interested in joining their volunteers please contact them. They are not government funded and rely solely on partnerships, donations and volunteers.



Keep up to date with their progress on Facebook or by emailing to be placed on their monthly update mail out.

Contact their volunteer Directors Donna Rees and Rachel Mills; [directors@hearourheart.org](mailto:directors@hearourheart.org) 68848751

PATRICIA HOWARD  
Principal



# Hear our Heart Ear Bus Project Hearing Screening Permission note



About us- we are a local charity owned by Dubbo & District Parent Support Group for deaf and hearing impaired. We started to fundraise in February 2012 to bring healthy ears education and targeted hearing testing back into schools. Our free service relies totally on donations and volunteers and is for children in Public and Private Early Education Centres, Primary and High Schools in Dubbo and Districts. [www.hearourheart.org](http://www.hearourheart.org) Find us on Face book

## Child's Details

First Name:	Surname:	M / F
DOB:	Age:	Indigenous: Y / N
School:	Class:	Teacher:

## Parent / Guardian Details

Name:	Phone:
Address:	Mobile:

I \_\_\_\_\_ (Name of Parent/ Guardian) give consent for my child to have their hearing tested through the Hear Our Heart Ear Bus Project program. (Permission note remains current for 12 months)

- ☐ I agree for my child's results to be shared / discussed with the persons involved in my child's education and or health care to achieve the best outcome for my child.
- ☐ I agree for my child's photo to be taken and used to promote the Hear Our Heart Ear Bus Project at school in posters or the school Newsletter.
- ☐ I agree for my child's photo/ video to be taken and used to promote Hear Our Heart Ear Bus Project on social media sites including, but not limited, to Facebook, You tube or in presentations to highlight the outcomes of the program. I understand at **NO time** my child's personal information will be provided.

The school will follow up with you if further appointments are needed and no treatment is carried out at testing time. All information is confidential. If your child sees a Specialist we will forward your child's test to them.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Do you have any concerns about your child's hearing/learning/behaviour? If yes please explain.	Y / N
Is there a family history of otitis media /ear infections? If yes please explain	Y / N
Is there family history permanent hearing loss at a young age? If yes please explain	Y / N

## Child's Medical History

The questions below are to help the Audiologist understand your child's health as some may have an effect on hearing loss

Is your child's immunisation up to date? Yes / No	Was your child given antibiotics at birth?	Y / N
Is your child exposed to cigarette smoke in the home?		Y / N
Was your child born very premature esp. twins? If yes please explain:		Y / N
Has your child accessed Early Intervention or Speech Therapy? If yes please explain:		Y / N
Has your child had any serious illness, head injuries, cleft palate or major operations? If yes please explain:		Y / N
Does your child have a developmental disability? If yes please explain		Y / N
Has your child had grommet surgery? If yes – please advise when. Year:		Y / N
Name of Ear Specialist:		
Name and type of any other Specialist that your child sees?		

Volunteers from the Ear Bus Project may be assisting on testing day. They help to keep our free service running for your child. Please contact us if you would like to volunteer in any way. **68 848751**



# Conductive Hearing Loss

## Parent Checklist

Childs Name: \_\_\_\_\_

- Below are some indicators of hearing loss.
- Please TICK the box if your child shows these characteristics and leave BLANK if they don't.

### Behavioural Identifiers

It is <u>obvious</u> that your child watches your face to lip read	Aggressive to others - spontaneous and out of character	
Watches others to see what to do	Erratic behaviour- can be on/off	
Appears not to be listening on/off	Loses interest easily	
Often says "what" or "huh"	Poor socialisation skills	
Responds inappropriately or is slow to respond to instructions.	Gets confused or <b>mood changes</b> when there is <b>a lot</b> of noise or <b>sudden loud</b> noises	
Sits close to the TV, or has TV too loud	Doesn't like to join in with others	
Fidgets or easily distracted	Has separation anxiety	

### Learning Identifiers

Has learning difficulties	Demands a lot of attention at home	
Delayed language development		



#### Please remember that 'glue ear' comes and goes.

Some may have symptoms **some weeks/months** but not the next.

## Physical Identifiers

<b>**Runny nose</b> —often or for long periods	Ooze from the ear
<b>**Constant nasal allergies</b> - this blocks the Eustachian tube as it swells shut	Complaining of sore ears and throat
<b>**Mouth breather</b> — easy indicator as when the nose is full you have to use the mouth to breathe!	Puts head to the side as if to shake fluid out
Re-occurring ear and chest infections	Redness around the ear ( <b>toddlers</b> )
Poor gross motor skills/ <b>difficulties with balance</b>	Rubbing or pulling of the ear ( <b>toddlers</b> )

## Speech Identifiers

Has trouble with <b>or</b> doesn't use: <b>s, p, t, f, th, sh</b>	Speech development below age
Speaks in very soft <b>or</b> very loud voice	Difficulty in understanding their speech

**Please ✓ if there are known additional disabilities.**

Vision	Downs Syndrome
Cleft Palate	Chromosome 23 Deletion
Mondeniez (skull shape)	Autism

**Please comment if there are other known diagnosed conditions or relevant information you would like to share.**

Has your child ever had meningitis? Yes / No

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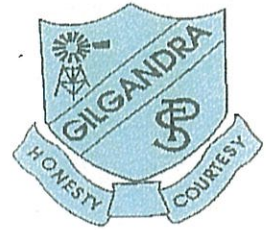


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# **Gilgandra Public School**

## **Honesty & Courtesy**



Tricia Howard  
Principal

P.O. Box 19  
GILGANDRA NSW 2827  
Email: [gilgandra-p.school@det.nsw.edu.au](mailto:gilgandra-p.school@det.nsw.edu.au)

Ph: (02) 6847-2043  
Fax: (02) 6847-2304

## Special Religious Education and Special Education in Ethics Participation

A feature of the public education system in NSW is the opportunity to provide time in class for education in ethics, faith and morality from a religious or non-religious perspective at the choice of parents.

The school website [www.gilgandra.school@det.nsw.edu.au](http://www.gilgandra.school@det.nsw.edu.au) provides information on these options to support parent/carers choice.

A parent/carers may at any time notify the school in writing that they wish to change their decision. Students will continue the same arrangement as the previous year, unless a parent/carers has requested a change in writing.

For more information about Special Religious Education (SRE) and Special Education in Ethics (SEE), including the list of approved providers, please visit: <https://education.nsw.gov.au/teaching-and-learning/curriculum/learning-across-the-curriculum/religion-and-ethics>

The following SRE is available at Gilgandra Public School –

**Cross Denominational Christian Scripture.**

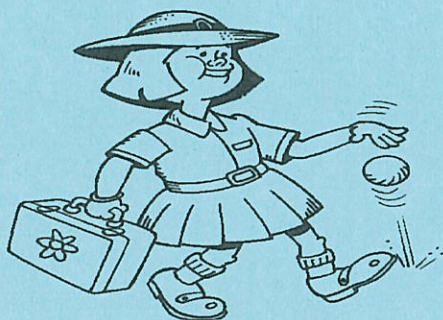
**OR**

☐ Please tick this box if you **do not wish** for your child to attend SRE. Your child will participate in alternative meaningful activities.

Student name: \_\_\_\_\_ Year: \_\_\_\_\_

Signature of parent/carers: \_\_\_\_\_ Date: \_\_\_\_\_





## OUR SCHOOL UNIFORM

The following uniform has been approved by the P.&C. Association. The children are encouraged to wear school uniform at all times. Removable items of clothing should bear the child's name.

### GIRLS - SUMMER

Navy/Sky Blue Dress OR  
Navy shorts & Blue School T-shirt  
(N.B. Check Uniform is being phased out)  
School sloppy joe  
White socks  
Black shoes  
Blue hat

### BOYS - SUMMER

Grey shorts  
Blue School T Shirt  
School sloppy joe  
Grey socks  
Black shoes  
Blue hat

### GIRLS - WINTER

Navy Blue - Trousers **or**  
Skirt  
Blue school T Shirt  
School sloppy joe and/or School jacket  
White socks  
Black shoes

### BOYS - WINTER

Grey trousers  
Blue School T Shirt  
School sloppy joe and/or School jacket  
Grey socks  
Black shoes

### GIRLS - SPORTS (SUMMER & WINTER)

Navy shorts/Navy track pants  
Light Blue/Navy School Sports T shirt  
School sloppy joe  
White socks  
Joggers

### BOYS - SPORTS (SUMMER & WINTER)

Navy shorts/Navy trackpants  
Light Blue/Navy School Sports T Shirt  
School sloppy joe  
White socks  
Joggers

### PRICE LIST OF CLOTHING & VARIOUS ITEMS AVAILABLE THROUGH THE SCHOOL (GST Inclusive)

#### BLUE COLLARED T SHIRTS/ SPORTS T SHIRTS (with school emblem)

Sizes 4-16	\$18.00
Adults	20.00

#### BLUE WINTER SLOPPY JOES

Sizes 6-14	\$35.00
Adults - 22	\$35.00

#### JACKETS

Sizes 4 - 16	\$35.00
Adults	\$40.00

NAVY BUCKET HAT (Plain)	\$ 5:50
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NAVY WIDE BRIMMED HAT (Plain)	\$ 7:00
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#### NAVY SKIRTS

Sizes 6-16	\$20.00
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#### NAVY & GREY TROUSERS

Sizes 4 - 16	\$22.00
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#### NAVY & GREY SHORTS or NAVY SKORTS

Sizes 4 - 16	\$18.00
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#### NAVY/SKY BLUE DRESS

Sizes 4 - 16	\$30.00
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#### NAVY TRACKPANTS

Sizes 4 - 16	\$25.00
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# **Gilgandra Public School**

## **Honesty & Courtesy**



**Safe, Respectful, Learners**

Principal  
Patricia Howard

P.O Box 19  
Gilgandra NSW 2827

Email: [gilgandra-p.school@det.nsw.edu.au](mailto:gilgandra-p.school@det.nsw.edu.au)

Tel: 02 6847-2043  
Fax: 02 6847-2304

### **Personal Development, Health and Physical Education**

Dear Parents/Caregivers

Personal Development, Health and Physical Education (PD/H/PE) is one of the six Key Learning Areas of the NSW Primary Curriculum.

Gilgandra Public School's PD/H/PE program covers a wide range of educational matter, including, Human Sexuality and Child Protection. Some of the content of the program deals with sensitive issues. The school recognises this by teaching about these issues within the context of an age appropriate program and by providing information to you about the program.

The PD/H/PE program aims to encourage students to make informed decisions about their lifestyle taking into account the values of the family, culture and religion to which they belong. The school program will be implemented in a manner that supports the role of parents/carers, and reflects the ethos of the school community.

Child Protection Education aims to assist students to develop skills to:

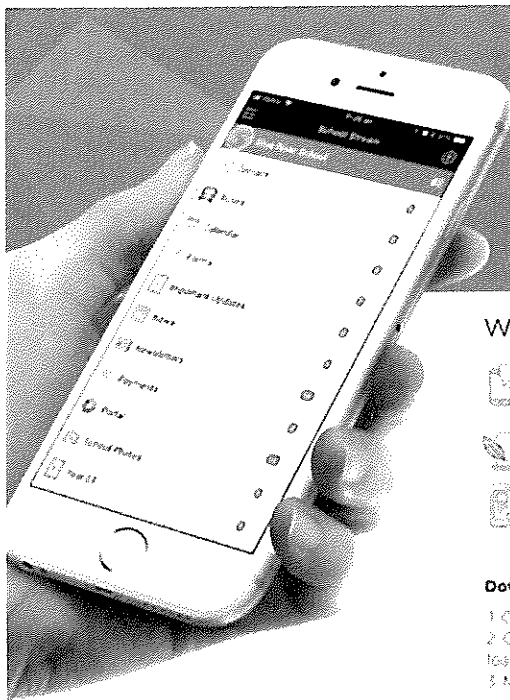
- recognise and respond to unsafe situations
- seek assistance effectively
- establish and maintain non-coercive relationships and strengthen attitudes and values related to equity, respect and responsibility.

Through Child Protection Education students learn:

- about feeling safe and their right to be safe
- to recognise appropriate touching and inappropriate touching
- that appropriate touching is an important part of positive relationships
- that they have a right to say NO to a person who touches them inappropriately or threatens their safety
- that it is important to tell trusted adults about such situations
- that they may have to keep on telling people until they are believed
- that help is available to them within their communities.

Please contact the school on 68472043 if you have any concerns regarding the program.

Patricia Howard  
Principal



## Download our school app for free!

### Why download the app?



Receive instant notifications for important news



Easily register absentees and excursions



Keep up to date with events and set reminders

### Download instructions:

1. Go to the App Store and download "School Stream" to your phone
2. Open the app and type the school's name into the search bar to load the school's profile
3. Make sure you agree to Push Notifications when prompted



facebook.com/schoolstream



twitter.com/schoolstreamapp