

TEMPLESTOWE VALLEY PRIMARY SCHOOL 4985

Templestowe Valley Primary School



ENROLMENT FORM 2023

TO BE RETURNED WITH THIS ENROLMENT FORM:

- | | |
|--|--------------------------|
| 1. Birth Certificate or Passport | <input type="checkbox"/> |
| 2. Visa (if not an Australian Citizen) | <input type="checkbox"/> |
| 3. Immunisation Certificate (Issued by the Australian Childhood Immunisation Register) | <input type="checkbox"/> |
| 4. Anaphylaxis Plan if applicable | <input type="checkbox"/> |
| 5. Asthma Plan if applicable | <input type="checkbox"/> |
| 6. Latest Custody Records if applicable | <input type="checkbox"/> |

If both parents do not live together, an 'Alternative Family Details' form is required to be completed. This is available from the office

PARENTAL OCCUPATION GROUP CODES

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

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

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

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

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

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

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

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

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

TEMPLESTOWE VALLEY PRIMARY SCHOOL

STUDENT ENROLMENT INFORMATION
2023

Computer Generated Student ID:

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It is a Department of Education & Training (DET) requirement that a child be 5 years of age by the 30th April 2023, to be eligible for enrolment in a Victorian Government school.

STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

Legal Surname:		Title: (Miss Ms, Mrs Mr)
Legal First Given Name:		
Second Given Name:		
Preferred Name (if applicable):		
❖ Gender (tick):	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (Specify)	Birth Date: ___dd_ / ___mm / ___yyyy

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

FAMILY DETAILS

List any other siblings attending this school:

PRIMARY FAMILY HOME ADDRESS:

No. & Street			
Suburb:			
State:		Postcode:	
Mobile Number			

OFFICE USE ONLY

Year Level		Home Group		Enrolment Date:	
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1 (ZN)	2 (SIB)	3 (DEP)	4 (CUR)	5 (DIS)	6 (COM)
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PRIMARY FAMILY DETAILS

NOTE: If you are a separated family, please ask for Additional Family Enrolment form at the office

ADULT A DETAILS (PRIMARY CARER):

Gender (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female
	<input type="checkbox"/> other (specify)	
Title: (Ms, Mrs, Mr, Dr etc.)		
Legal Surname:		
Legal First Name:		
What is Adult A's occupation?		
Who is Adult A's employer?		
In which country was Adult A born?		
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify): _____	
❖ Does Adult A speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken MOST often.) (tick)		
<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes (please specify): _____	
Please indicate any additional languages spoken by Adult A:		
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		
❖ What is the highest year of primary or secondary school Adult A has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)		
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 11 or equivalent	
<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 9 or equivalent or below	
❖ What is the level of the highest qualification the Adult A has completed? (tick one)		
<input type="checkbox"/> Bachelor degree or above	<input type="checkbox"/> Advanced diploma / Diploma	
<input type="checkbox"/> Certificate I to IV (including trade certificate)	<input type="checkbox"/> No non-school qualification	
❖ What is the occupation group of Adult A? Please select the appropriate parental occupation group from page 2.		
<ul style="list-style-type: none"> If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. If the person has not been in paid work for the last 12 months, enter 'N'. 		

ADULT B DETAILS:

Gender (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female
	<input type="checkbox"/> other	
	<input type="checkbox"/> other (specify)	
Title: (Ms, Mrs, Mr, Dr etc.)		
Legal Surname:		
Legal First Name:		
What is Adult B's occupation?		
Who is Adult B's employer?		
In which country was Adult B born?		
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify): _____	
❖ Does Adult B speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken MOST often.) (tick)		
<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes (please specify): _____	
Please indicate any additional languages spoken by Adult B:		
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		
❖ What is the highest year of primary or secondary school Adult B has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)		
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 11 or equivalent	
<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 9 or equivalent or below	
❖ What is the level of the highest qualification the Adult B has completed? (tick one)		
<input type="checkbox"/> Bachelor degree or above	<input type="checkbox"/> Advanced diploma / Diploma	
<input type="checkbox"/> Certificate I to IV (including trade certificate)	<input type="checkbox"/> No non-school qualification	
❖ What is the occupation group of Adult B? Please select the appropriate parental occupation group from page 2.		
<ul style="list-style-type: none"> If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. If the person has not been in paid work for the last 12 months, enter 'N'. 		

Adult A - Working With Children Check (WWCC)

Number:	Expiry Date:
Card Type (please circle) V = Volunteer or E = Employee	

Adult B - Working With Children Check (WWCC)

Number:	Expiry Date:
Card Type (please circle) V = Volunteer or E = Employee	

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

Main language spoken at home:

PRIMARY FAMILY CONTACT DETAILS

ADULT A CONTACT DETAILS:

Business Hours:

Can we contact Adult A at work? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile Number:		
Work Contact Number:		
Email Address:		

ADULT B CONTACT DETAILS:

Business Hours:

Can we contact Adult B at work? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile Number:		
Work Contact Number:		
Email Address:		

PRIMARY FAMILY MAILING ADDRESS:

Only if different from Home Address

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

PRIMARY FAMILY EMERGENCY CONTACTS:

	Name	Relationship (Grandparent, Uncle/ Aunt, Friend or Other)	Telephone Contact
1			
2			
3			

OTHER PRIMARY FAMILY DETAILS

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

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

Send Correspondence addressed to: (tick one)

Adult A

Adult B

Both Adults

DEMOGRAPHIC DETAILS OF STUDENT

❖ In which country was the student born?

Australia

Other (please specify): _____

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

____ / ____ / ____

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

Permanent

Temporary

Basis of Australian Residency:

Eligible for Australian Passport

Holds Australian Passport

Holds Permanent Residency Visa

Visa Sub Class:

Visa Expiry Date: (dd-mm-yyyy)

____ / ____ / ____

Visa Statistical Code: (Required for some sub-classes)

International Student ID : (Not required for exchange students)

❖ Does the student speak a language other than English at home? (tick)

(If more than one language is spoken at home, indicate **the one that is spoken MOST often**)

No, English only

Yes (please specify):

Does the student speak English? (tick)

Yes

No

❖ Is the student of Aboriginal or Torres Strait Islander origin? (tick one)

No

Yes, Aboriginal

Yes, Torres Strait Islander

Yes, Both Aboriginal & Torres Strait Islander

What is the student's living arrangements? (tick one):

At home with TWO Parents/ Guardians

State Arranged Out of Home Care # (See Note)

At home with ONE Parent/ Guardian

Homeless Youth

Independent

SCHOOL DETAILS

Date of first enrolment in an Australian School:

____ / ____ / ____

Name of previous School or Pre-School:

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

Yes.

Yes, but the VSN is unknown

No. The student has never been issued a VSN.

Please specify:

Not sure

Years of interruption to education:

Is the student repeating a year? (tick)

Yes

No

Will the student be attending this school full time? (tick)

Yes

No

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

Other School Name:

Time fraction:

Enrolled:

Yes

No

STUDENT HISTORY

Does the student have a disability or special learning needs? (Tick) If yes , please specify details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the student have an aide at previous school or pre-school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the student attended an early intervention program? If yes , please specify:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

Is the student at risk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Is there an Access Alert for the student? (tick)	<input type="checkbox"/> Yes (If Yes, then complete the following questions and present a current copy of the document to the school.)	<input type="checkbox"/> No (If No, move to the immunisation / medical condition details questions.)		
Access Type: (tick)	<input type="checkbox"/> Parenting Order <input type="checkbox"/> Informal Carer Stat Dec	<input type="checkbox"/> Parenting Plan <input type="checkbox"/> DHHS Authorisation	<input type="checkbox"/> Intervention Order <input type="checkbox"/> Witness Protection Program Order	<input type="checkbox"/> Protection Order <input type="checkbox"/> Other
Describe any Access Restriction:				
Is there an Activity Alert for the student? (tick) If Yes, then describe the Activity Restriction:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

STUDENT MEDICAL DETAILS

MEDICAL CONDITION DETAILS:

Does the student suffer from any of the following impairments? (tick)	Hearing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Vision <input type="checkbox"/> Yes <input type="checkbox"/> No
	Speech: <input type="checkbox"/> Yes <input type="checkbox"/> No	Mobility: <input type="checkbox"/> Yes <input type="checkbox"/> No

ASTHMA:

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

Please indicate if the student suffers from any of the following symptoms: (tick) <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Wheeze <input type="checkbox"/> Tight Chest <input type="checkbox"/> Coughing	If my child displays any of these symptoms please: (tick) Inform Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No Administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No Other Medical Action <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:
Has an Asthma Management Plan been provided to School? This School Asthma Action Plan must be provided before student attends school	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student take medication? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of medication taken:
Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick)	<input type="checkbox"/> Preventative <input type="checkbox"/> Response
Indicate the usual dosage of medication taken:	Indicate how frequently the medication is taken:
Medication is usually administered by: (tick)	<input type="checkbox"/> Student <input type="checkbox"/> Teacher / Aide <input type="checkbox"/> Other
Medication is stored: (tick)	<input type="checkbox"/> with Student <input type="checkbox"/> with Teacher <input type="checkbox"/> Fridge in Sick Bay

ANAPHYLAXIS:

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

Allergic to: Please indicate if the student suffers from any of the following symptoms: (tick) <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Wheeze <input type="checkbox"/> Tight Chest <input type="checkbox"/> Swelling <input type="checkbox"/> Rash <input type="checkbox"/> Other (specify)	Symptoms: If my child displays any of these symptoms please: (tick) Inform Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No Administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No Other Medical Action <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:												
Has an Anaphylaxis Plan been provided to School? <input type="checkbox"/> Yes <input type="checkbox"/> No This ASCIA Plan must be provided before student attends school													
Does the student take medication? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No													
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="width: 33%;">Medication</th> <th style="width: 33%;">Dose</th> <th style="width: 33%;">Frequency</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		Medication	Dose	Frequency									
Medication	Dose	Frequency											
Medication is stored: (tick) <input type="checkbox"/> with Teacher <input type="checkbox"/> Fridge in Sick Bay													

OTHER MEDICAL CONDITIONS OR SEVERE ALLERGIES

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

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

CONSENT IN THE EVENT OF ILLNESS OR INJURY

In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school; I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to: (cross out any unacceptable statement)

- consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
- administer such first aid as the Principal or staff member may judge to be reasonably necessary.

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

LIABILITY STATEMENT

Please note: Parents and guardians are reminded that the Department of Education and Training and Templestowe Valley Primary School do not provide accident insurance or ambulance cover for students. Parents and guardians of students who do not have student accident insurance and/or ambulance cover are responsible for paying the cost of medical treatment for injured students, including the cost of ambulance attendance, transport and any other related medical costs.

USE OF STUDENT PHOTOS

Throughout the year students may be photographed in activities that might be used for display at school or in local community, published in our newsletter, the local newspaper, in our annual calendar or on our website.

It is School Policy that only the first name of students is printed with student displays. Should your circumstances change and you want to opt-out please notify the school in writing.

I give permission for my child to have their image used until my child completes his/her education at Templestowe Valley Primary school as described above.

I give permission

I do not give permission

CERTIFY INFORMATION

Thank you for taking the time to complete this Student Enrolment form. We understand that the information you have provided is confidential and will be treated as such. These details are required to enable staff to properly enrol your child at our school.

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

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

SCHOOL POLICIES

Please refer to our website for the latest School Publications and Policies.

http://www.tempvalprimary.vic.edu.au/tvps2/?page_id=1651



Templestowe Valley Primary School ~ 4985

DEPARTMENT OF EDUCATION AND TRAINING (DET)

ENROLMENT FORM INFORMATION for PARENTS, GUARDIANS & CARERS

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

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

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

Protecting your privacy and sharing information

The information about your child and family collected through this Enrolment Form will only be shared with school staff who need to know to enable our school to educate or support your child, or to fulfil legal obligations including duty of care, anti-discrimination law and occupational health and safety law. The information collected will not be disclosed beyond the Department of Education and Training without your consent, unless such disclosure is lawful. For more about information-sharing and privacy, see our school's privacy policy: <https://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx>.

Our school's use of online tools (including apps and other software) to collect and manage information

At Templestowe Valley PS, we use online tools, such as apps and other software, to effectively collect and manage information about your child for teaching and learning purposes, parent communication and engagement; student administration; and school management purposes. When our school uses these online tools, we take steps to ensure that your child's information is secure. If you have any concerns about the use of these online tools, please contact us.

Emergency contacts

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

Student background information

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

Immunisation status

Your child's immunisation status assists our school to manage health risks for children. The Department may also provide this information to the Department of Health and Human Services to assess immunisation rates in Victoria, but not in a way which identifies you.

Visa status

TVPS also requires this information to process your child's enrolment.

Updating your child's personal and health information

Please inform our school if, and when, there are any updates to any of the personal or health information you provide on the Enrolment Form.

Accessing your child's records

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

Student transfers between Victorian government schools

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



Templestowe Valley Primary School ~ 4985 CHILD SAFETY COMMITMENT

RATIONALE OF THE TVPS COMMITMENT TO CHILD SAFETY

Standard 2: A statement of commitment to child safety

Templestowe Valley Primary School is **committed to child safety** and to the responsibility to keep children safe from harm. The school is committed to creating and maintaining a safe, supportive and enriching learning environment that promotes inclusion and empowers students. All actions and decisions are guided by the school values of *Honesty, Acceptance, Respect and Responsibility*.

The school has a **zero tolerance of child abuse**, and all allegations and safety concerns will be treated seriously and consistently in line with the school's robust policies and procedures*. The school conducts annual training of staff – including the DET Mandatory Reporting module – to meet its legal and moral obligation to protect all children from harm.

The school is steadfast in supporting and respecting all children in its community, inclusive of those with a disability and those from diverse cultural and linguistic backgrounds (including Aboriginal and Torres Strait Islander).

The Assistant Principal – Mr Rob Cretney – is the appointed TVPS Child Safe Officer.

SUPPORTING POLICIES & DOCUMENTATION

- [TVPS Child Protection Reporting Policy](#)
- [Step-by-step Guide to Making a Report to Child Protection \(DHHS\) or Child First](#)