



Student Enrolment Booklet

| | |
|-------------|--|
| Surname: | |
| First Name: | |

| | | | | | | | | | | |
|------------|--|------------|-----|--------------------------------|--|--|--|--|--|--|
| Year Level | | Start Date | / / | Computer Generated Student ID: | | | | | | |
|------------|--|------------|-----|--------------------------------|--|--|--|--|--|--|

| OFFICE USE | YES | NO | TYPE |
|---|-----|------------|--|
| Child's Name and Birth Date proof sighted | | | <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport |
| Proof of Residence | | | |
| Visa Documents | | | |
| Court Orders | | | |
| Immunisation Certificate | | | |
| Medical Alert | | | |
| Asthma / Anaphylaxis | | | |
| Permissions signed | | | |
| SDT requested | | | |
| CSEF Transfer | | | |
| Additional Information | | | |
| Printed Student Data | | | |
| Emailed Information to teacher | | | |
| Library | | | |
| ICT | | | |
| Fees Invoiced | | | |
| Admin Officer Name | | Home Group | Date Entered / / 202 |



SCHOOL PRIVACY NOTICE

DEPARTMENT OF EDUCATION AND TRAINING

ENROLMENT FORM - INFORMATION for PARENTS, GUARDIANS and CARERS (including privacy collection notice)

The 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.

Our school 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.

Our school 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 at: <http://www.haddonps.vic.edu.au/>

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

Our school may use online tools, such as apps and other software, to collect and manage information about your child. When our school uses these online tools, we do our best to ensure that your child's information is secure. These online tools enable our school to efficiently and effectively manage important information about your child and also to communicate with you. 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

Our school 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

Our school 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, our school 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.

STUDENT DETAILS AS APPEARS ON BIRTH CERTIFICATE OR OTHER LEGAL DOCUMENTATION

| | | | |
|--|--|---|---|
| Surname: | | Title: (Miss Ms Mr) | |
| First Given Name: | | Second Given Name: | |
| Preferred Name (if applicable): | | ❖ Sex (tick): <input type="checkbox"/> Female <input type="checkbox"/> Male | Birth Date / / Proof of birth date must be provided |
| List any other family members attending this school: | | | |

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

FAMILY DETAILS NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with" . Alternative and Additional family forms are available from the College if this is required.

ADULT A DETAILS (PRIMARY CARER):

| | |
|---|---|
| Sex (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female | Title: (Ms, Mrs, Mr, Dr etc) |
| Surname: | |
| First Name: | |
| Relationship to student: <input type="checkbox"/> Parent <input type="checkbox"/> Step Parent | <input type="checkbox"/> Other (specify): |
| Adult A's occupation? | |
| 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): | |
| ❖ 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 the attached list. | |

ADULT B DETAILS:

| | |
|---|---|
| Sex (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female | Title: (Ms, Mrs, Mr, Dr etc) |
| Surname: | |
| First Name: | |
| Relationship to student: <input type="checkbox"/> Parent <input type="checkbox"/> Step Parent | <input type="checkbox"/> Other (specify): |
| Adult B's occupation? | |
| 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): | |
| ❖ 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 the attached list. | |

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 |
| Is Adult A usually home during business hours? (tick) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Work Telephone No: | | |
| Other Work Contact No: | | |

After Hours:

| | | |
|--|-------------------------------|--------------------------------|
| Is Adult A usually home AFTER business hours? (tick) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Home Telephone No: | | |
| Other After Hours No: | | |
| Adult A's preferred method of contact: (tick one) | <input type="checkbox"/> Mail | <input type="checkbox"/> Email |
| Email address: | | |

ADULT B CONTACT DETAILS

Business Hours

| | | |
|---|------------------------------|-----------------------------|
| Can we contact Adult B at work? (tick) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is Adult B usually home during business hours? (tick) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Work Telephone No: | | |
| Other Work Contact No: | | |

After Hours

| | | |
|--|-------------------------------|--------------------------------|
| Is Adult B usually home AFTER business hours? (tick) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Home Telephone No: | | |
| Other After Hours No: | | |
| Adult B's preferred method of contact: (tick one) | <input type="checkbox"/> Mail | <input type="checkbox"/> Email |
| Email address: | | |

PRIMARY FAMILY HOME ADDRESS:

| | | |
|--------------------------|--|-----------|
| No. & Street: or Box No. | | |
| Suburb: | State: | Postcode: |
| Telephone Number | Silent Number: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Mobile Number: | Fax Number: | |

PRIMARY FAMILY MAILING ADDRESS: Write "As Above" if the same as Family Home Address

| | | |
|--------------------------|--------|-----------|
| No. & Street: or Box No. | | |
| Suburb: | State: | Postcode: |

PRIMARY FAMILY DOCTOR DETAILS:

| | | | |
|---|--------------------------------------|-------------------------------------|--------------------------------|
| Doctor's Name | Individual or Group Practice: (tick) | <input type="checkbox"/> Individual | <input type="checkbox"/> Group |
| No. & Street or Box No.: | | | |
| Suburb: | State: | Postcode: | |
| Telephone Number | Fax Number | | |
| Current Ambulance Subscription: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No | Medicare Number: | | |

PRIMARY FAMILY EMERGENCY CONTACTS (OTHER THAN ADULT A OR ADULT B):

| | Name | Relationship (Neighbour, Relative, Friend or Other) | Daytime Telephone Contact | |
|---|------|--|---------------------------|----|
| 1 | | | B/H: | M: |
| 2 | | | B/H: | M: |
| 3 | | | B/H: | M: |

OTHER PRIMARY FAMILY DETAILS

| | | | | | |
|---|----------------------------------|----------------------------------|--------------------------------------|---------------------------------------|--------------------------------|
| 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) | <input type="checkbox"/> Adult A | <input type="checkbox"/> Adult B | <input type="checkbox"/> Both Adults | <input type="checkbox"/> Neither | |

DEMOGRAPHIC DETAILS OF STUDENT

| | | |
|--|---|--|
| ❖In which country was the student born? | | |
| <input type="checkbox"/> Australia | <input type="checkbox"/> Other (please specify): _____ | Arrival or Return Date ____ / ____ / ____ |
| What is the Residential Status of the student: (tick) <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary | | |
| Basis of Australian Residency: | <input type="checkbox"/> Eligible for Australian Passport | <input type="checkbox"/> International Student No: _____ |
| | <input type="checkbox"/> Holds Australian Passport | <input type="checkbox"/> Holds Permanent Residency Visa |
| Visa Sub Class: | Visa Expiry Date: ____ / ____ / ____ | Visa Statistical Code: (Required for some sub-classes) |
| ❖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) | | |
| <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify): _____ | | |
| Does the student speak English? (tick) | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ❖Is the student of Aboriginal or Torres Strait Islander origin? (tick one) | <input type="checkbox"/> No | <input type="checkbox"/> Yes, Torres Strait Islander |
| | <input type="checkbox"/> Yes, Aboriginal | <input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander |
| What is the student's living arrangements? (tick one): | | |
| <input type="checkbox"/> At home with TWO Parents/ Guardians | | |
| <input type="checkbox"/> At home with ONE Parent/ Guardian | | |

SCHOOL DETAILS

| | | | |
|---|---|---|--|
| Date of first enrolment in an Australian School: ____ / ____ / ____ | Name of previous School or Kindergarten: | | |
| Years of previous education: | Language of previous education? | | |
| Is the student a repeat student? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No | Is the student an Integration student? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No | Will the student be attending this school full time? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does the student have a Victorian Student Number (VSN)? | | | |
| <input type="checkbox"/> Yes | | | |
| <input type="checkbox"/> Yes, but the VSN is unknown. | | | |
| <input type="checkbox"/> No. The student has never been issued a VSN. | | | |

STUDENT ACCESS RESTRICTIONS

| | |
|---|---|
| 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, complete the following questions) <input type="checkbox"/> No |
| Access Type: (tick) <input type="checkbox"/> Court Order <input type="checkbox"/> Family Law Order <input type="checkbox"/> Restraining Order <input type="checkbox"/> Other | |
| Describe any Access Restriction: | |

STUDENT MEDICAL DETAILS

| | | |
|--|--|---|
| Does the student suffer from any Medical Conditions? (If Yes, please list) <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Medical Condition/Allergy | Symptoms and further information | |
| | | |
| | | |
| | | |
| LIFE THREATENING ALLERGIES OR CONDITIONS SUCH AS ASTHMA OR NUT ALLERGIES REQUIRE AN EMERGENCY MANAGEMENT PLAN TO BE COMPLETED | | |
| 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 |

TRAVEL DETAILS FOR SPECIAL SCHOOLS

| | | | |
|--|---|---|---|
| How will the student travel to school? (tick) | | | |
| <input type="checkbox"/> Walk | <input type="checkbox"/> Bicycle | <input type="checkbox"/> Train | <input type="checkbox"/> Tram |
| <input type="checkbox"/> School Bus | <input type="checkbox"/> Public Bus | <input type="checkbox"/> Public Taxi | <input type="checkbox"/> Driven by parent/carer |
| First date of travel? (tick) | <input type="checkbox"/> Next school year | Alternate date: (dd-mm-yyyy) ____ / ____ / ____ | |
| Is the student applying to travel on a school bus or for other travel assistance? (tick) | | | |
| <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |
| Type of travel assistance requested? (completion of additional form required) | | | |
| <input type="checkbox"/> Access to School Bus | | <input type="checkbox"/> Conveyance Allowance | |
| If by School Bus, please advise local bus stop if known: | | | |
| Landmark: | Map Type: | X ____ | Y ____ |
| Assisted Mobility (if applicable): | | | |
| If applicable, specify the student's mode of assisted mobility. <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker | | | |
| Comments relevant to travel: | | | |
| Office Use Only: | | | |
| Can the student Individual Learning Plan (ILP) include travel training? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Is the student attending their nearest school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Does the student reside in Designated Transport Area (DTA) (if attending special school)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Can the student be accommodated on existing route (if applicable)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Pick-up Point: | Map Ref: | Time AM: | |
| Set Down Point: | Map Ref: | Time PM: | |
| NOTE: Students residing in Rural/Regional Victoria or attending special schools may be entitled to receive transport assistance. The Department may give access to a school bus service or pay a conveyance allowance to assist with the cost of travel. Information on eligibility and the application process can be obtained from the school. | | | |

ACCIDENT CONSENT FORM

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: / /

WALKING EXCURSIONS

During your child's enrolment at Haddon Primary School there will be occasions when teachers use the local area for activities to support learning programs.

As a parent/guardian do you give permission for your child to participate in activities in the local area. Do you understand that this permission is valid whilst your child is enrolled at Haddon Primary School?

Yes No

Signature of Parent/Guardian:

Date: / /

USE OF STUDENT PHOTOS AND WORK FOR PROMOTIONAL PURPOSES

As the parent/guardian of the student name herein, I agree to provide permission for the photographic, video, audio or any other form of electronic recording of the named student for an on behalf of Haddon Primary School. I authorise the use or reproduction of any recording referred to above for any reasonable purpose within our college community (such as college newsletters and the college website) within the discretion of the college, without acknowledgement and without being entitled to remuneration or compensation. **I understand and agree that if I wish to withdraw this authorisation, it will be my responsibility to inform the principal in writing.**

Signature of Parent/Guardian:

Date: / /

HEAD LICE INSPECTION

During your child's enrolment at Haddon Primary School there may be outbreaks of head lice infestations. It may be necessary to inspect all student in a class. The college staff members are aware that this can be a sensitive issue and will provide necessary information to students. The inspection of students will be conducted by a trained person.

- If lice are found, parents will be notified and provided with advice.
- Your permission to inspect your child's hair is required.

Do you give permission for your child to participate in the College's head lice inspection program whilst enrolled at Haddon Primary School? Yes No

Signature of Parent/Guardian:

Date: / /

SIGNATORY

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

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

Signature of Parent/Guardian:

Date: / /

UPDATING YOUR CHILD'S RECORDS:

Please let Haddon Primary know if any information needs to be changed by sending updated information to the school office. During your child's time with Haddon Primary we will also send you copies of enrolment information held by us. Please use this opportunity to let us know of any changes.

A copy of the student's Birth Certificate and an Immunisation Certificate MUST be provided with the enrolment form.

ALTERNATIVE FAMILY FORM - This form caters for varying family circumstances and student living arrangements. Please request this form from the school 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 N: Unemployed for more than 12 months

If you are not currently in paid work but **have had a job in the last 12 months**, or have retired in the last 12 months, please **use your last occupation** to select from the list. If you have not been in paid work for the last 12 months, enter 'N' into the 'occupation code' field on the enrolment form.

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 manager's arts/media/sports persons 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, and 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)

CAMPS, SPORTS AND EXCURSIONS FUND (CSEF) APPLICATION FORM

Haddon Primary School

01-1076

School Name

School REF ID

Parent/legal guardian details

Surname _____

First name _____

Address _____

Town/Suburb _____ State _____ Postcode _____

Contact number _____

Centrelink pensioner concession **OR** Health care card number (CRN)

- - - **OR**

Foster parent* **OR** Veterans affairs pensioner

*Foster Parents must provide a copy of the temporary care order letter from the Department of Health and Human Services (DHHS).

Student details

| Child's surname | Child's first name | Student ID | Date of birth (dd/mm/yyyy) | Year level |
|-----------------|--------------------|------------|----------------------------|------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

I authorise the Department of Education and Training (DET) to use Centrelink Confirmation eServices to perform an enquiry of my Centrelink customer details and concession card status in order to enable the business to determine if I qualify for a concession, rebate or service. I also authorise the Australian Government Department of Human Services (DHS) to provide the results of that enquiry to DET.

I understand that:

- DHS will use information I have provided to DET to confirm my eligibility for the Camps, Sports and Excursions Fund and will disclose to DET personal information including my name, address, payment and concession card type and status.
- this consent, once signed, remains valid while my child is enrolled at a registered Victorian school unless I withdraw it by contacting the school.
- I can obtain proof of my circumstances/details from DHS and provide it to DET so that my eligibility for the Camps, Sports and Excursions Fund can be determined.
- if I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the Camps, Sports and Excursions Fund provided by DET.
- information regarding my eligibility for the Camps, Sports and Excursions Fund may be disclosed to the Victorian Department of Health and Human Services and /or State Schools Relief for the purpose of evaluating concession card services or confirming eligibility for assistance.

You are able to request access to the personal information that we hold about you, and to request that any errors be corrected, by contacting your child's school.

CSEF ELIGIBILITY

Below is the criteria used to determine a student's eligibility for the Camps, Sports and Excursions Fund (CSEF).

Criteria 1 – Eligibility

To be eligible* for the fund, a parent or legal guardian of a student attending a registered Government or non-government Victorian primary or secondary school must:

- on the first day of Term one, or;
- on the first day of Term two;
 - a) Be an eligible beneficiary within the meaning of the *State Concessions Act 2004*, that is, be a holder of Veterans Affairs Gold Card or be an eligible Centrelink Health Care Card (HCC) or Pensioner Concession Card (PCC) holder, OR
 - b) Be a temporary foster parent, and;
 - c) Submit an application to the school by the due date.

* A special consideration eligibility category also exists. For more information, see: www.education.vic.gov.au/csef

Parents who receive a Carer Allowance on behalf of a child, or any other benefit or allowance not income tested by Centrelink, are not eligible for the CSEF unless they also comply with one of (a) or (b) above.

Criteria 2 - Be of school age and attend school in Victoria

School is compulsory for all Victorian children aged between six and 17 years of age inclusive.

For the purposes of CSEF, students may be eligible for assistance if they attend a Victorian registered primary or secondary school. Typically, these students are aged between five and 18 years inclusive.

CSEF is not payable to students attending pre-school, kindergarten, home schooled, or TAFE.

Eligibility Date

For concession card holders CSEF eligibility will be subject to the parent/legal guardian's concession card being successfully validated with Centrelink on the first day of either term one (28 January 2020) or term two (14 April 2020).

PAYMENT AMOUNTS

CSEF payment amount

The CSEF is an annual payment to the school to be used towards camps, sports and/or excursion expenses for the benefit of the eligible student.

- Primary school student rate: \$125 per year.
- Secondary school student rate: \$225 per year.

The CSEF is paid directly to your child's school and will be allocated by the school towards camps, sports and/or excursion costs for your child.

For ungraded students, the rate payable is determined by the student's date of birth. For more information, see: www.education.vic.gov.au/csef

Year 7 government school students who are CSEF recipients are also eligible for a uniform voucher. Secondary schools are required to make applications on behalf of parents so please register your interest at the school.

HOW TO COMPLETE THE APPLICATION FORM

NOTE: ALL SECTIONS MUST BE COMPLETED BY PARENT/LEGAL GUARDIAN

1. Complete the PARENT/LEGAL GUARDIAN DETAILS section.
Make sure that the Surname, First Name, and Customer Reference Number (CRN) details match those on your concession card. You will also need to provide your concession card to the school.
If you are claiming as a Foster Parent or a Veteran Affairs Pensioner, you will need to provide a copy of documentation confirming your status as a temporary Foster Parent or provide your Veterans Affairs Pensioner Gold card to the school.
2. Complete the STUDENT/S DETAILS section for students at this school.
3. Sign and date the form and return it to the school office as soon as possible. The CSEF program for 2020 closes on 26 June, 2020.

CSEF payments cannot be claimed retrospectively for prior years.