enrolment pack

Lake Bolac P-12 College

"We will support and challenge every individual to have a passion for learning, to strive to do their best and to be friendly and happy."

2025

Included in this Pack

- Privacy Collection Statement
- Starting Primary School Immunisation Information
- Lake Bolac College Enrolment Form
- Photographing, Filming and Recording Students at Lake Bolac College Annual Consent Form and Collection Notice
- Consent Form to Conduct Head Lice Inspections
- Privacy Act Information Consent Statement – Lake Bolac Bush Nursing Centre
- Asthma
- National Asthma Council Australia Asthma Action Plan
- Anaphylaxis
- ASCIA Action Plans for Anaphylaxis and Allergic Reactions
- Bus Policy
- Form 1: Application for Permission to Travel – Eligible Students
- Lake Bolac P-12 College Handbook

Documents to be Returned

Please find a checklist below of all the documents that need to be returned to the school.

- ☐ Enrolment Form
- ☐ Photographing Filming and Recording Students at Lake Bolac College Annual Consent Form and Collection Notice – only to be returned if you DO NOT consent.
- ☐ Consent Form to Conduct Head Lice Inspections
- ☐ Privacy Act Information Consent Statement – Lake Bolac Bush Nursing Centre
- ☐ National Asthma Council Australia Asthma Action Plan (if applicable)
- ☐ ASCIA Action Plans for Anaphylaxis and Allergic Reactions (if applicable)
- ☐ Application for Permission to Travel on Bus (if applicable)
- ☐ Copy of Birth Certificate
- ☐ Copy of Immunisation Certificate (Certificate required even if not immunised)

We can copy original documents at the front office.

Privacy Collection Notice

Information for students, parents and carers

The Department of Education (the department) values your privacy and is committed to protecting the personal and health information that schools collect.

All school staff must comply with Victorian privacy law and the Schools' Privacy Policy. This notice explains how the department, including Victorian government schools (schools), handles personal and health information. On occasion, specific consent will be sought for the collection and use of information, for example, for a student to receive a health service. Our schools are also required by legislation, such as the *Education and Training Reform Act 2006*, to collect some of this information.

Throughout this notice, 'staff' includes principals, teachers, student support service officers, youth workers, social workers, nurses and any other allied health practitioners, and all other employees, contractors, volunteers and service providers of the school and the department.

On enrolment, and during the ordinary course of a student's attendance at a school, schools will collect information about students and their families for the following purposes:

- educating students
- supporting students' social and emotional wellbeing, and health
- fulfilling legal obligations, including duty of care, anti-discrimination law and occupational health and safety law
- communicating and engaging with parents
- student administration
- school management
- supporting policy in relation to student education and wellbeing.

If this information is not collected, schools may be unable to provide optimal education or support to students or fulfil legal obligations.

For example, our schools rely on parents to provide **health information** about any medical condition or disability that their child has, medication their child may take while at school, any known allergies and contact details of their child's doctor. If parents do not provide all relevant health information, this may put their child's health at risk.

Our schools also require current, relevant information about all **parents and carers** so that schools can take account of safety concerns that affect their children. Parents should provide schools with copies of all current parenting plans and court orders about or that affect their children and provide updated copies when they change.

When parents enrol their child in primary school, they will be asked to provide personal and health information in several ways, including via the Enrolment Form, the School Entrance Health Questionnaire (SEHQ) and in some cases, the Early Childhood Intervention Service (ECIS).

The **Enrolment Form** is used to collect information that is essential for the purposes listed above, and requests information such as:

- **Emergency contacts** – Individuals parents nominate for a school to contact during an emergency. Parents should ensure that their nominated emergency contact agrees to their contact details being

provided to the school and that they understand their details may be disclosed by the department if lawful, e.g. in the case of emergency communications relating to bush fires or floods.

- **Student background information** – Information about country of birth, Aboriginal or Torres Strait Islander origin, language spoken at home and parent occupation. This information enables the department to allocate appropriate resources to schools. 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** – This assists schools to manage health risks and legal obligations. The department may also provide this information to the Department of Health and Department of Families, Fairness and Housing to assess immunisation rates in Victoria, but not in a way which identifies students.
- **Visa status** – This is required to process a student's enrolment.

All schools may use departmental systems and online tools such as apps and other software to effectively collect and manage information about students and families for the purposes listed above.

When schools use these online tools, they take steps to ensure that student information is secure. If parents or carers have any concerns about the use of these online tools, please contact the school.

School staff will only share student and family information with other school staff who need to know to enable them to educate or support the student as described above. Information will only be shared outside the school (and outside the department) as required or authorised by law, including where sharing is required to meet duty of care, anti-discrimination, occupational health and safety, and child wellbeing and safety obligations. The information collected will not be disclosed beyond the school and department without parent consent unless such disclosure is lawful.

When a student transfers to another school (including Catholic, independent and interstate), personal and/or health information about that student may be transferred to the next school. Transferring this information is in the best interests of the student and assists the next school to provide the best possible education and support to the student. For further detail about how and what level of information is provided to the next school, refer to the: Enrolment: Student transfers between schools

Schools only provide school reports and ordinary school communications to students, parents, carers or others who have a legal right to that information. Requests for access to other student information or by others must be made by lodging a Freedom of Information (FOI) application.

To update student or family information, parents should contact their school.

For more information about how schools and the department collect and manage personal and health information, or how to access personal and health information held by a school about you or your child, refer to the: Schools' Privacy Policy

How can I find out more?

For more information search 'childhood immunisation' on **www.betterhealth.vic.gov.au**

For translated versions of this document go to **www.healthtranslations.vic.gov.au** and search 'starting primary school'

Translating and interpreting service
Call 131 450

Starting primary school?

Immunisation information for parents enrolling a child into primary school in Victoria

Primary schools, early childhood services and immunisation providers can order free copies of this brochure online: www.health.vic.gov.au/immunisation/order-resources

Download and print English and translated versions, in A4 format: search 'starting primary school' on www.healthtranslations.vic.gov.au

To receive this document in an accessible format email immunisation@dhhs.vic.gov.au

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Why immunise?

Children starting school are exposed to a large number of people and to a range of potentially dangerous diseases.

Immunisation is a proven and safe way to be protected against diseases that may cause serious illness and sometimes death.

Enrolling in primary school is a good time to check your child's immunisations are up to date.

What is an *Immunisation History Statement?*

It is a statement from the Australian Immunisation Register (AIR) that shows what vaccines your child has received.

By law, you must provide an *Immunisation History Statement* to the primary school when enrolling your child for the first time or when going to a new primary school.

If your child has not received any immunisations, you must still provide an *Immunisation History Statement*, which states no vaccines have been given.

What is the statement used for?

To keep children safe. In the event of a disease outbreak, unimmunised children can be quickly identified and excluded from school until the risk of infection has passed. For further information search 'school exclusion table' on www.health.vic.gov.au

If you do not provide an *Immunisation History Statement* to the school, your child may be excluded from school during a disease outbreak because their immunisation status will be unknown.

By law, all parents must provide an *Immunisation History Statement* to enrol their child in primary school.

How do I obtain an *Immunisation History Statement?*

The quickest way to get your child's statement is by using your Medicare online account through myGov or Express Plus Medicare mobile app.

You can also visit your local Medicare service centre or request for your child's statement to be posted to you by calling the AIR enquiries line on 1800 653 809. It can take 14 days to get your statement in the post.

If you think your child's *Immunisation History Statement* is incomplete or incorrect, contact your immunisation provider.

Form to Enrol in a Victorian Government School

Enter school name and campus (if applicable) here

STUDENT ENROLMENT INFORMATION - 20 ___	OFFICE USE ONLY	CASES21 Student ID:

The information requested in this form is required for enrolment purposes. This information is collected to plan for and support the educational needs of students.

This form should be completed by parents or carers who are responsible for enrolling their child. It is the responsibility of the person completing this form to consult with all other adults that need to be involved in the enrolment process. Parents or carers can co-sign the same form or complete separate forms if personal details are unable to be shared between them.

If required information is not provided or there is a dispute between parents or carers about a child's enrolment, the enrolling principal is required to consider the student's education and wellbeing when deciding whether to defer or accept the enrolment.

Only one enrolment form should be submitted per student. By completing and submitting this enrolment form, you are accepting a place for your child at the specified school (subject to any further checks required by the school).

All schools across Australia are expected to collect the same information. Questions marked with a ❖ are asked as a requirement of the Commonwealth Government to meet data collection, funding and reporting requirements under the Australian Education Regulations 2013.

STUDENT DETAILS

Surname:			
First Given Name:			
Second Given Name: *(if applicable)*			
Preferred First Name: *(if applicable)*			
❖ Gender:	☐ Male ☐ Female ☐ Self-described: _____		
Date of Birth: *(dd-mm-yyyy)*		**Student Mobile Number:** *(if applicable)*	

Which year are you seeking to enrol this student?

☐ Foundation ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ Ungraded

Intended start date:

☐ Day 1, Term 1 ☐ Other: *(dd-mm-yyyy)* _____ / _____ / _____

Are you seeking to enrol the student at this school full-time?	☐ Yes *(move to next section)*	☐ No			
If No, how many days a week would the student be attending this school?					
If No, provide reason you are seeking part-time enrolment:					
If No, provide details for other schools:					
Other school name:		***Days / week:***		***Has enrolment been accepted?***	☐ Yes ☐ No
Other school name:		***Days / week:***		***Has enrolment been accepted?***	☐ Yes ☐ No

Student's Permanent Residence

Your child's permanent residence is the address where they spend the majority of their days during the school week. If they spend an equal amount of time at two addresses, both are considered their permanent address and your child will be entitled to enrol in the designated neighbourhood school for either address.

The school may make enquiries to verify the information provided, such as checking the electoral roll at an Australian Electoral Commission office or the Victorian Electoral Commission head office; checking with a real estate agent; or checking whether there are any regulations/codes limiting the number of people living at one residence, for example if a rental property is a studio or one bedroom unit.

No. & Street Address:			
Suburb:			
State:		**Postcode:**	
How often does this student live at this address?			
☐ Always	☐ Mostly	☐ Balanced (50%)	
If the student lives at another address during the school week, please provide further details including the address, who they reside with, and how many days a week the student lives there:			

Student Living Arrangements

What are the student's living arrangements?	
☐ Student lives with parents/carers together at the same residence	☐ Student lives with each parent/carer at different times
☐ Student lives with one parent/carer only	☐ State Arranged Out of Home Care*
☐ Informal care arrangement#	☐ Student is independent
☐ Homeless Youth	
If the student has a Case Manager, please provide their contact details below:	

* Students who live in court ordered alternative care arrangements away from their parents. These court ordered care arrangements include living with relatives or friends (kinship care), living with non-relative families (foster care or adolescent community placements), and living in residential care units.

If the student is living in an informal care arrangement, please contact the school for a Informal Carer's Statutory Declaration, which must be completed.

Siblings

A sibling is defined broadly and can include step-siblings and students residing together as part of a multiple family cohabitation or out-of-home-care arrangements, including foster care, kinship care and permanent care.

Does the student have any siblings at this school?	☐ Yes	☐ No *(move to next section)*

	Name	**Current Year Level**	**Reside at same residential address as the student**
1			☐ Yes ☐ No ☐ Sometimes
2			☐ Yes ☐ No ☐ Sometimes
3			☐ Yes ☐ No ☐ Sometimes
4			☐ Yes ☐ No ☐ Sometimes

Student Demographics

Does the student speak English?	☐ Yes	☐ No

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

☐ No, English only

☐ Yes (please specify the main language spoken at home): _____

❖ Is the student of Aboriginal or Torres Strait Islander origin?

☐ No	☐ Yes, Aboriginal
☐ Yes, Torres Strait Islander	☐ Yes, Both Aboriginal & Torres Strait Islander

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

* A young carer is a young person under 25 years of age who provides, or intends to provide care, assistance or support to a family member with mental illness, physical illness, disability, chronic illness, or who is aged or has an addiction

Student Residency Status

❖ In which country was the student born?

☐ Australia ☐ Other *(please specify):* _____

If born overseas, on what date did the student arrive in Australia? *(dd-mm-yyyy)*	_____ / _____ / _____

What is the student's residency status? *

☐ Australian citizen – holds Australian Passport	☐ Permanent Resident (provide visa details below)
☐ Australian citizen – eligible for Australian Passport	☐ Temporary Resident (provide visa details below)
☐ New Zealand citizen	

Visa Sub Class:		**Visa Expiry Date**: (dd-mm-yyyy)	_____ / _____ / ____
Visa Statistical Code: *(Required for some sub-classes)*			

*Note: An Australian birth certificate does not guarantee Australian residency or citizenship. Further information is available at www.passports.gov.au/getting-passport-how-it-works/documents-you-need/citizenship

Does the student hold a Bridging Visa?	☐ Yes *(provide further detail below)*	☐ No
If Yes, what was the student's previous visa?		
If Yes, what visa has the student applied for?		

International Student ID*: *(Not required for exchange students)*	

* Note: If you are unsure of your International Student ID, please contact the International Education Division via phone (03 9084 8497) or via email (international@education.vic.gov.au)

Students with Additional Learning and Support Needs

The Department of Education recognises that adjustments may be required for students with additional needs, including students with disability, so that they can participate at school. School personnel and parents or carers work together to identify the adjustments that may be needed to meet the student's learning and support needs.

Does the student have additional needs and require support for learning?

☐ Yes ☐ No *(move to the next section)*

Please indicate any adjustments that may assist the student to participate at school:

Has the student had a disability assessment before?	☐ No ☐ Yes *(specify outcome):* _____
Has the student received individualised disability funding before?	☐ No ☐ Yes (*please specify*): _____
Has any previous education provider prepared a documented plan to support the students additional learning needs?	☐ No ☐ Yes *(provide details):* _____

Does the student have additional needs in one of the following areas?	***Hearing:***	☐ No	☐ Yes *(please specify):* _____
	Vision:	☐ No	☐ Yes *(please specify):* _____
	Speech/Language:	☐ No	☐ Yes *(please specify):* _____
	Physical:	☐ No	☐ Yes *(please specify):* _____
	Cognitive/Learning:	☐ No	☐ Yes *(please specify):* _____
	Social/Emotional:	☐ No	☐ Yes *(please specify):* _____

Previous Education – Students Enrolling in Foundation for the First Time

Is the student attending a funded kindergarten program* in the year before Foundation?	☐ Yes	☐ No
Name of kindergarten or early childhood service:		

* Note: A kindergarten program that is funded and approved by the Victorian Government, has a play-based learning program, and is run by a qualified teacher. Funded kindergarten programs can be found at www.education.vic.gov.au/findaservice

Previous Education – Other

Has the student previously been enrolled at another school?	☐ Yes, in Victoria – Government School	☐ Yes, in Victoria – Catholic or Independent School	
	☐ Yes, interstate	☐ Yes, overseas	☐ No *(move to next section)*

If Yes, name of last school attended:	
If Yes, location of last school attended: *(suburb/town/state/country)*	
If Yes, date of attendance: *(dd-mm-yyyy)*	_____ / _____ / _____ to _____ / _____ / _____
If Yes, year levels of previous education:	

If the student studied overseas, what age did the student first start school?	
What was the language of the student's previous education?	

Period of interruption to education: *(months/years)*		**Is the student repeating a year level?**	☐ Yes ☐ No

OFFICE USE ONLY					
Child's Name sighted:	☐ Yes	☐ No		**Enrolment Date:**	
Year Level:	**Home Group:**	**Timetabling Group:**	**House:**	**Campus:**	
Student Email Address:					
Australian residency confirmed:	☐ Yes	☐ No	☐ Not sighted / provided		
Date of birth confirmed:	☐ Yes – Birth certificate	☐ Yes – Doctor certificate	☐ Yes - Other	☐ Not sighted / provided	
Does the student have a Disability ID number?	☐ Yes (please specify): _____	☐ No			

For Foundation students, has a Transition Learning and Development Statement been provided?	☐ Yes, via Insight Assessment Platform	☐ Yes, direct from teacher/parent/carer	☐ Pending	☐ No

Does the student have a Victorian Student Number (VSN)?		
☐ Yes, please specify: _____	☐ Yes, but the VSN is unknown	☐ No, the student has never been issued a VSN

OFFICE USE ONLY - ADDITIONAL NOTES
Additional notes regarding the student's enrolment: (e.g. note if student information or documentation is missing and yet to be provided to the school)

PARENT/CARER DETAILS

Enrolling Adult 1

Surname:		**Title:**	
First Given Name:			
Gender:	☐ Male ☐ Female ☐ Self-described:_____		

No. & Street Address:			
Suburb:			
State:		**Postcode:**	
Preferred language of notices:			
Mobile:		**Work Phone:**	
Home Phone:		**Email:**	

Can we contact Adult 1 during school hours?	☐ Yes	☐ No
Is Adult 1 usually home during school hours?	☐ Yes	☐ No
SMS Notifications:	☐ Yes	☐ No
Email Notifications:	☐ Yes	☐ No

Adult 1's preferred method of contact: *(Email shall be used for communication that cannot be sent via phone)*

☐ Mobile ☐ Email ☐ Mail

☐ Home Phone ☐ Work Phone

Specify any other special conditions or times related to contact?	

Relationship to student:

☐ Parent ☐ Step Parent ☐ Foster Parent

☐ Host Family ☐ Relative ☐ Friend

☐ Self ☐ Other:_____

In which country was Adult 1 born?

☐ Australia

☐ Other *(please specify):* _____

❖ Does Adult 1 speak a language other than English at home?

☐ No, English only

☐ Yes (please specify): _____

Please indicate any additional languages spoken by Adult 1:	
Is an interpreter required?	☐ Yes ☐ No

Student lives with Adult 1:

☐ Always ☐ Mostly ☐ Balanced (50%)

☐ Occasionally

Adult 1 Job Title:	
Adult 1 Employer:	

Is Adult 1 interested in being involved in school group participation activities? *(e.g., School Council, excursions)*

☐ Yes ☐ No

❖What is the highest year of primary or secondary school Adult 1 has completed?

☐ Year 12 or equivalent ☐ Year 10 or equivalent

☐ Year 11 or equivalent ☐ Year 9 or equivalent or below / no schooling

❖What is the level of the highest qualification that Adult 1 has completed?

☐ Bachelor degree or above

☐ Advanced diploma / Diploma

☐ Certificate I to IV (including trade certificate)

☐ No non-school qualification

❖What is the occupation group of Adult 1? Please select the appropriate current parental occupation group from the attached list at the end of the document.

- 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 list.
- If the person has not been in paid work for the last 12 months, enter 'N'.

Enrolling Adult 2

Surname:		**Title:**	
First Given Name:			
Gender:	☐ Male ☐ Female ☐ Self-described:_____		

No. & Street Address:			
Suburb:			
State:		**Postcode:**	
Preferred language of notices:			
Mobile:		**Work Phone:**	
Home Phone:		**Email:**	

Can we contact Adult 2 during school hours?	☐ Yes	☐ No
Is Adult 2 usually home during school hours?	☐ Yes	☐ No
SMS Notifications:	☐ Yes	☐ No
Email Notifications:	☐ Yes	☐ No

Adult 2's preferred method of contact: *(Email shall be used for communication that cannot be sent via phone)*

☐ Mobile ☐ Email ☐ Mail

☐ Home Phone ☐ Work Phone

Specify any other special conditions or times related to contact?	

Relationship to student:

☐ Parent ☐ Step Parent ☐ Foster Parent

☐ Host Family ☐ Relative ☐ Friend

☐ Self ☐ Other:_____

In which country was Adult 2 born?

☐ Australia

☐ Other *(please specify):* _____

❖ Does Adult 2 speak a language other than English at home?

☐ No, English only

☐ Yes (please specify): _____

Please indicate any additional languages spoken by Adult 2:	
Is an interpreter required?	☐ Yes ☐ No

Student lives with Adult 2:

☐ Always ☐ Mostly ☐ Balanced (50%)

☐ Occasionally ☐ Never

Adult 2 Job Title:	
Adult 2 Employer:	

Is Adult 2 interested in being involved in school group participation activities? *(e.g., School Council, excursions)*

☐ Yes ☐ No

❖What is the highest year of primary or secondary school Adult 2 has completed?

☐ Year 12 or equivalent ☐ Year 10 or equivalent

☐ Year 11 or equivalent ☐ Year 9 or equivalent or below / no schooling

❖What is the level of the highest qualification that Adult 2 has completed?

☐ Bachelor degree or above

☐ Advanced diploma / Diploma

☐ Certificate I to IV (including trade certificate)

☐ No non-school qualification

❖What is the occupation group of Adult 2? Please select the appropriate current parental occupation group from the attached list at the end of the document.

- 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 list.
- If the person has not been in paid work for the last 12 months, enter 'N'.

Additional Parents/Carers

Are there additional parents/carers in the student's life?	☐ Yes (provide details below)	☐ No (move to next section)
Name of Adult 3:		
Name of Adult 4:		

If yes, please complete the Adult 3 and/or Adult 4 sections as attachments to this form on pages 16-17. If required, you may request a separate form for additional parents/carers from the school. The separate form allows for the capture of four further parents/carers.

Emergency Contacts

Please provide emergency contacts in the event that the enrolling parents/carers are unavailable. Please ensure those listed as emergency contacts are aware that their information has been provided for this purpose.

	Name	**Relationship** *(Neighbour, Relative, Friend or Other)*	**Telephone Contact**	**Language Spoken** *(Write E for English)*
1				
2				
3				
4				

Correspondence Details

Send correspondence addressed to: *(select one)*	☐ Adult 1	☐ Adult 2	☐ Both Adults	☐ Neither

Billing Details

You are not required to make payments or voluntary financial contributions to your school. Schools may request payments for extra-curricular items and activities. For more information, please refer to www.vic.gov.au/school-costs-and-fees.

Send any bills to: *(select one)*	☐ Adult 1	☐ Adult 2	☐ Another person / address* (complete details below)
Name to be used for all billing correspondence:			
No. & Street or PO Box			
Suburb:			
State:		**Postcode:**	
Billing Email:			

*Note: If you would like to send bills to another person / address, please ensure Additional Parent/Carer details are completed on pages 16-17.

STUDENT MEDICAL DETAILS

The Department of Education and Victorian Government Schools require the health information requested in this section to plan for and support the health and wellbeing needs of students.

If there is a situation or incident which requires first aid to be administered to your child, school staff will administer first aid that is reasonably necessary and appropriate to their level of training. School staff will also seek emergency medical attention for your child if it is considered reasonably necessary. Any costs associated with student injury rest with parents/ carers unless the Department of Education is liable in negligence (liability is not automatic). In the event that your child needs medical attention, school staff will contact you as soon as practically possible.

Student Doctor

Doctor's Name:			
Medical Centre:			
Street Address:			
Suburb:		**Postcode:**	
State:		**Telephone Number:**	

Asthma

Does the student have asthma?	☐ Yes		☐ No *(move to next section)*	
Has a current Asthma Management Plan been provided to School? If No, please provide an Asthma Management Plan to the School		☐ Yes	☐ No	
Does the student take medication?	☐ Yes	☐ No	**Name of medication taken:**	
Is the medication taken regularly by the student (preventive) or only in response to symptoms?		☐ Preventative	☐ Response	
Indicate the usual dosage of medication taken:		**Indicate how frequently the medication is taken:**		
Medication is usually administered by:	☐ Student	☐ Adult	☐ Other: _____	
Medication is to be stored:	☐ with Student	☐ with Staff	☐ Other: _____	
Dosage time:		**Reminder required?**	☐ Yes	☐ No

Medical Conditions

Does the student have an allergy? If yes, please provide the schools with an ASCIA Action Plan for Allergies.	☐ Yes	☐ No

Is the student at risk of anaphylaxis? If yes, please provide the school with an ASCIA Action Plan for Anaphylaxis.	☐ Yes	☐ No

Does the student have any other medical condition or other relevant medical assessment that the school needs to know about? If Yes, please ask the school for the appropriate medical advice form, to be completed by the treating medical practitioner and returned to school.			☐ Yes	☐ No
If Yes to any of the above, please specify:				
Symptoms:				
If the student displays any of the symptoms above, please:				
Inform emergency contact	☐ Yes	☐ No	***Administer medication***	☐ Yes ☐ No
Other medical action	☐ Yes	☐ No	*If Yes, please specify:* _____	

Medication

Does the student take medication?	☐ Yes	☐ No
Is the medication required during school hours? If Yes, please ask the school for a Medication Authority Form, to be completed by the treating medical practitioner and returned to school.	☐ Yes	☐ No
Name of medications taken:		

Allied Health Support

Has the student previously accessed support from an allied health professional?	***Occupational therapy:***	☐ No	☐ Yes
	Speech pathology:	☐ No	☐ Yes
	Physiotherapy:	☐ No	☐ Yes
	Exercise physiology:	☐ No	☐ Yes
	Behaviour support:	☐ No	☐ Yes
	Other:	☐ No	☐ Yes (specify): _____

OFFICE USE ONLY			
Immunisation Certificate received:	☐ Yes – Up to date	☐ Yes – Not up to date	☐ Not sighted / provided
Are there any Notice/s on the Immunisation History Statement:	☐ Yes	☐ No	
Does the student have asthma, allergies or anaphylaxis?	☐ Yes	☐ No	
Does the student need to take medication during school hours?	☐ Yes	☐ No	
***Have the required medical forms been provided to the school?**	☐ Yes	☐ No	☐ N/A – no medical conditions

* Note: Additional forms including student medical advice and condition forms can be found here: Medical Advice Forms

STUDENT SAFETY, ACCESS, AND SPECIAL CIRCUMSTANCES

Student Risk

The Department of Education has a responsibility to assess and manage any risk of harm to its staff and students. This form gives you the opportunity to provide information that will help the student's transition to school. 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 already provided) which might pose a risk of any type to this student, other students, or staff at this school?	
☐ Yes	☐ No *(move to the next section)*
If Yes, please provide further detail:	

Court Orders and Other Care Arrangements (*previously referred to as an Access Alert*)

Is there an intervention order, parenting order or any other court order impacting the student?	
☐ Yes	☐ No *(move to the next section)*

If Yes, then complete the following questions and **present a current copy of the document to the school.**

Court Order or other access document type:	☐ Family Law Order / Parenting Order	☐ Parenting Plan / Agreement	☐ Intervention Order
	☐ Child Protection Order	☐ DFFH Authorisation	☐ Other:_____
Please provide further details of the Court Order or other access documents, and any other safety concerns:			
End Date (if applicable): *(dd-mm-yyyy)*			

Activity Restrictions and Considerations

Are there any activities (either organised by the school and/or third parties) that the student cannot participate in?	
☐ Yes	☐ No *(move to the next section)*
If Yes, please provide further detail: (e.g. sport, excursions)	

OFFICE USE ONLY		
Current Court Order or other access document placed on student file?	☐ Yes	☐ No

STUDENT TRAVEL DETAILS

How will the student primarily travel to and from school?				
☐ Walking	☐ School Bus	☐ Train	☐ Driven by parent/carer	☐ Taxi / Ride Share
☐ Bicycle	☐ Public Bus	☐ Tram	☐ Self-Driven	☐ Other: _____
If the student catches public transport to school, what station/stop does their journey commence:				
If the student drives themself to school, what is their Car Registration Number:				

Students residing in rural and regional Victoria or attending special schools may be entitled to receive travel assistance. Travel assistance may be in the form of access to a school bus service or financial support through a conveyance allowance to assist with the cost of travel. Information on eligibility and the application process can be obtained from the school.

Conveyance Allowance Program

The Conveyance Allowance Program supports eligible families attending mainstream schools in rural and regional Victoria, and special schools (state-wide) with financial assistance towards the cost of transporting students to and from school.

Is the student applying for the Conveyance Allowance Program?	
☐ Yes	☐ No *(proceed to next question)*
Your school can provide the applicable application form and advice on the different types of conveyance available. For further information, including the conveyance allowance policy and application forms, refer to the Department's Policy and Advisory Library (PAL) here: www.education.vic.gov.au/pal/conveyance-allowance/policy	

School Bus Program

The School Bus Program assists families in rural and regional Victoria by transporting students to school where they do not have access to public transport. The program supports travel to students nearest government and non-government school. Travel by bus to special schools is provided through the Students with Disabilities Transport Program (see below). Travel to a school that is not the nearest will incur a fare to travel. Your school can provide the applicable application form.

Is the student applying for the School Bus Program?	
☐ Yes (see text below)	☐ No *(proceed to next question)*
Your school can provide the applicable application form and advice on travel type (free travel, pre-school, fare payer etc.) For further information, including the School Bus Program policy refer to the Department's Policy and Advisory Library (PAL) here: www.education.vic.gov.au/pal/school-bus-program/policy	

Students with Disabilities Transport Program

The Students with Disabilities Transport Program assists families throughout Victoria by transporting students to their nearest appropriate government special school. The program supports travel for students within Designated Transport Areas (DTA). Families should also consider the conveyance allowances that may provide increased or alternative travel options to support school travel.

Is the student applying to travel on a school bus or other travel assistance?		
☐ Yes (read below text)	☐ No	
Your school can provide the applicable application form and advice on travel suitability. For further information, including the Students with Disabilities Transport Program policy refer to the Department's Policy and Advisory Library (PAL) here: www.education.vic.gov.au/pal/transport-students-disabilities/policy		
First date of travel?	☐ Next school year	☐ Alternate date: *(dd-mm-yyyy)* ____ / _____ / _____
Type of travel assistance requested?		
☐ Access to School Bus	☐ Conveyance Allowance	
If applicable, specify the student's mode of assisted mobility.	☐ Wheelchair	☐ Walker
Comments relevant to travel:		

OFFICE USE ONLY			
Can the student Individual Education Plan (IEP) include travel training?		☐ Yes	☐ No
Is the student attending their nearest school?		☐ Yes	☐ No
Does the student reside in Designated Transport Area (DTA) (if attending special school)?		☐ Yes	☐ No
Can the student be accommodated on an existing route (if applicable)?		☐ Yes	☐ No
Pick-up Point:		Map Ref:	Time AM:
Set Down Point:		Map Ref:	Time PM:

Privacy Statement

The personal and health information collected in this form, and any attachments, is required for enrolment at all Victorian Government Schools. The information is collected to ensure accurate enrolment, and to plan for and support the educational needs of students. The information will be managed securely and accessed only by staff, on a need-to-know basis, and in accordance with the Department of Education Schools' Privacy Policy which applies to all government schools (available at: www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx) or where mandated or allowed by law.

Please also refer to the Victorian Government School Privacy Collection Notice for details on handling of personal and health information in schools: www.education.vic.gov.au/Pages/Schools'-Privacy-Collection-Notice.aspx.

DECLARATION

Thank you for completing this Student Enrolment form. The information provided is required to enable staff to properly enrol your child at our school as such it is important that it is accurate and up to date.

I/We confirm that:

- **I am/We are the person/people named as completing this form.**
- **The information in this form is true and correct.**
- **I/We agree to authorise this form by electronic means with an electronic signature.**

Signature of Enrolling Adult: Type name here _____ Date: _____ / _____ / _____

Signature of Enrolling Adult (if applicable): Type name here _____ Date: _____ / _____ / _____

Please select the category that best describes who has signed and completed this form. This will assist the school with the enrolment process.

- ☐ Both parents/carers have completed and signed this form.
- ☐ Parents/carers are completing separate forms (schools can provide additional forms on request).
- ☐ One parent has completed and signed this form on behalf of both parents. Contact details for the other parent have been provided in the form for the school's use as required.
- ☐ One parent has completed and signed this form and the contact details for the other parent are unknown to the enrolling parent/carer and not provided.
- ☐ There is only one parent/carer with legal responsibility for the child and that person has completed and signed this form.
- ☐ Other, please specify: (for instance, where the contact details for the other parent are known but it is not appropriate or safe to contact them)_____

If there are any court orders about the child, please provide copies of those orders to the school with this form.

WHO CAN SIGN THIS FORM?

- **A person with parental responsibility:** a parent of a child under 18 years of age, subject to relevant court orders (including parenting orders made under the *Family Law Act 1975* and protection orders made under the *Children, Youth and Families Act 2005* by the Children's Court, or other person granted parental responsibility under a relevant court order).
- **A carer formally authorised by Child Protection to enrol the student:** the Department of Families, Fairness and Housing (DFFH) can issue a written authorisation to the carer of a child in out of home care to make decisions about the child, in some circumstances this will include specific authorisation to enrol the child at school.
- **Informal carer**: an Informal Carer is a relative or other responsible adult with whom the child lives, and who has day to day care of the child. The informal carer should provide an Informal Carer Statutory Declaration to confirm their status as an informal carer. A copy of this statutory declaration can be obtained from www.education.vic.gov.au/PAL/informal-carer-statutory-declaration-template.pdf
- **Students living independently:** If the student is an adult or a mature minor for the purpose of enrolment and they live independently. These students will need to be considered in accordance with the www.education.vic.gov.au/pal/decision-making-responsibilities-students/policy policy.
- **Adult Students:** a student 18 years of age or older is considered an adult and can sign their own consent form.

ATTACHMENT – PARENTAL OCCUPATION GROUP CODES

The codes outlined below are to be used when providing family occupation details for enrolled students. Please indicate your current occupation – not your qualification. 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, proofreader, 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: 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 / refuge / childcare 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

ATTACHMENT – ADDITIONAL PARENT/CARER DETAILS

Enrolling Adult 3

Surname:		**Title:**	
First Given Name:			
Gender:	☐ Male ☐ Female ☐ Self-described:_____		

No. & Street Address:			
Suburb:			
State:		**Postcode:**	
Preferred language of notices:			
Mobile:		**Work Phone:**	
Home Phone:		**Email:**	

Can we contact Adult 3 during school hours?	☐ Yes	☐ No
Is Adult 3 usually home during school hours?	☐ Yes	☐ No
SMS Notifications:	☐ Yes	☐ No
Email Notifications:	☐ Yes	☐ No

Adult 3's preferred method of contact: *(Email shall be used for communication that cannot be sent via phone)*

☐ Mobile ☐ Email ☐ Mail

☐ Home Phone ☐ Work Phone

Specify any other special conditions or times related to contact?	

Relationship to student:

☐ Parent ☐ Step Parent ☐ Foster Parent

☐ Host Family ☐ Relative ☐ Friend

☐ Self ☐ Other:_____

In which country was Adult 3 born?

☐ Australia

☐ Other *(please specify):* _____

❖ Does Adult 3 speak a language other than English at home?

☐ No, English only

☐ Yes (please specify): _____

Please indicate any additional languages spoken by Adult 3:	
Is an interpreter required?	☐ Yes ☐ No

Student lives with Adult 3:

☐ Always ☐ Mostly ☐ Balanced(50%)

☐ Occasionally ☐ Never

Adult 3 Job Title:	
Adult 3 Employer:	

Is Adult 3 interested in being involved in school group participation activities? *(e.g., School Council, excursions)*

☐ Yes ☐ No

❖What is the highest year of primary or secondary school Adult 3 has completed?

☐ Year 12 or equivalent ☐ Year 10 or equivalent

☐ Year 11 or equivalent ☐ Year 9 or equivalent or below / no schooling

❖What is the level of the highest qualification that Adult 3 has completed?

☐ Bachelor degree or above

☐ Advanced diploma / Diploma

☐ Certificate I to IV (including trade certificate)

☐ No non-school qualification

❖What is the occupation group of Adult 3? Please select the appropriate current parental occupation group from the attached list at the end of the document.

- 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 list.
- If the person has not been in paid work for the last 12 months, enter 'N'.

Enrolling Adult 4

Surname:		**Title:**	
First Given Name:			
Gender:	☐ Male ☐ Female ☐ Self-described:_____		

No. & Street Address:			
Suburb:			
State:		**Postcode:**	
Preferred language of notices:			
Mobile:		**Work Phone:**	
Home Phone:		**Email:**	

Can we contact Adult 4 during school hours?	☐ Yes	☐ No
Is Adult 4 usually home during school hours?	☐ Yes	☐ No
SMS Notifications:	☐ Yes	☐ No
Email Notifications:	☐ Yes	☐ No

Adult 4's preferred method of contact: *(Email shall be used for communication that cannot be sent via phone)*

☐ Mobile ☐ Email ☐ Mail

☐ Home Phone ☐ Work Phone

Specify any other special conditions or times related to contact?	

Relationship to student:

☐ Parent ☐ Step Parent ☐ Foster Parent

☐ Host Family ☐ Relative ☐ Friend

☐ Self ☐ Other:_____

In which country was Adult 4 born?

☐ Australia

☐ Other *(please specify):* _____

❖ Does Adult 4 speak a language other than English at home?

☐ No, English only

☐ Yes (please specify): _____

Please indicate any additional languages spoken by Adult 4:	
Is an interpreter required?	☐ Yes ☐ No

Student lives with Adult 4:

☐ Always ☐ Mostly ☐ Balanced (50%)

☐ Occasionally ☐ Never

Adult 4 Job Title:	
Adult 4 Employer:	

Is Adult 4 interested in being involved in school group participation activities? *(e.g., School Council, excursions)*

☐ Yes ☐ No

❖What is the highest year of primary or secondary school Adult 4 has completed?

☐ Year 12 or equivalent ☐ Year 10 or equivalent

☐ Year 11 or equivalent ☐ Year 9 or equivalent or below / no schooling

❖What is the level of the highest qualification that Adult 4 has completed?

☐ Bachelor degree or above

☐ Advanced diploma / Diploma

☐ Certificate I to IV (including trade certificate)

☐ No non-school qualification

❖What is the occupation group of Adult 4? Please select the appropriate current parental occupation group from the attached list at the end of the document.

- 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 list.
- If the person has not been in paid work for the last 12 months, enter 'N'.

Photographing, Filming and Recording Students at Lake Bolac College
Annual Consent Form and Collection Notice

During the school year there are many occasions and events where staff may photograph, film or record students participating in school activities and events. We do this for many reasons including to celebrate student participation and achievement, showcase particular learning programs, document a student's learning journey/camps/excursions/sports events etc, communicate with our parents and school community in newsletters and on classroom blogs/apps/insert as appropriate for your school.

This notice applies to photographs, video or recordings of students that are collected, used and disclosed by the school. We ask that any parents/carers or other members of our school community photographing, filming or recording students at school events e.g. concerts, sports events etc. do so in a respectful and safe manner and that any photos, video or recordings ("images" of students are not publicly posted (eg to a social media account) without the permission of the relevant parent/carer.

If you do not understand any aspect of this notice, or you would like to talk about any concerns you have, please contact our school on 03 5350 2302.

A. Use or disclosure within the school community

Unless you tell us otherwise below, images of your child may be used by our school within the school community, as described below.

Photographs, video or recordings of students may be used within the school community in any of the following ways:

- in the school's communication, learning and teaching tools (for example, emails, classroom blogs or apps that can only be accessed by students, parents/carers or school staff with passwords eg Compass, Class Dojo etc)
- for display in school classrooms, on noticeboards etc
- in the school's newsletter
- to support student's health and wellbeing (eg photographs of pencil grip to assist in OT assessments)

B. Use or disclosure in publications/locations that are publicly accessible

Unless you tell us otherwise below, photographs, video or recordings of students may also be used in publications that are accessible to the public, including:

- on the school's website – including in the school newsletter which is publicly available on the website
- on the school's social media accounts
- in the school magazine

Your child may be identified by first name only in these images (or not named at all).

We will notify you individually if we are considering using any images of your child for specific advertising or promotional purposes.

Privacy

Photographs, video and recordings of a person that may be capable of identifying the person may constitute a collection of 'personal information' under Victorian privacy law. This means that any images of your child taken by the school may constitute a collection of your child's personal information. The school is part of the Department of Education and Training (**the Department**). The Department values the privacy of every person and must comply with the *Privacy and Data Protection Act 2014* (Vic) when collecting and managing all personal information. For further information see ***Schools' Privacy Policy*** (http://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx).

Ownership and Reproduction

Copyright in the images will be wholly owned by the school. This means that the school may use the images in the ways described in this form without notifying, acknowledging or compensating you or your child.

Opt Out

Lake Bolac College understands that parents and carers have the right to withhold permission for our school to use photographs, video or recordings of your child (apart from circumstances where the school is not required to seek consent – see *our Photographing, Filming and Recording Students Policy*).

If you have read this notice and are comfortable with the school using photos, video or recordings of your child as described above, you do not need to take any further action.

However, if you have decided that you **do not** want images of your child to be collected or used by our school, **please complete the form below** and return it to the Office. Please note that it may not be possible for the school to amend past publications or to withdraw images that are already in the public domain.

THIS FORM ONLY NEEDS TO BE RETURNED IF YOU <u>DO NOT CONSENT</u>

I have read this form and I <u>do not consent</u> to Lake Bolac College using photos, video or recordings of my child (named below) to appear in the following ways:

- ☐ **Use within the school community** (e.g. in the school's communication, learning and teaching tools, on display around the school, in the school's newsletter)
- ☐ **Use in publications/locations that are publicly accessible** (e.g. on the school's website including the school newsletter, on the school's social media accounts, in promotional material for the school)

Note:

- *You may choose to opt out of both or only one type of use.*
- *It may not be possible for the school to amend past publications or to withdraw images that are already in the public domain.*
- *Further information is available in the Lake Bolac College Photographing, Filming and Recording Students Policy*

Name of Student	
Name of parent/carer	
Signature	
Date	____ / ____ / _____

Consent Form to Conduct Head Lice Inspections

Permission to cover the duration of the student's schooling at: Lake Bolac College

Throughout your child's schooling, the school will be arranging head lice inspections of students.

The management of head lice infection works best when all children are involved in our screening program.

The school is aware that this can be a sensitive issue and is committed to maintaining student confidentiality and avoiding stigmatisation.

The inspections of students will be conducted by a trained person approved by the principal and school council.

Before any inspections are conducted the person conducting the inspections will explain to all students what is being done and why and it will be emphasised to students that the presence of head lice in their hair does not mean that their hair is less clean or well kept than anyone else's. It will also be pointed out that head lice can be itchy and annoying and if you know you have got them, you can do something about it.

The person conducting the inspections will check through each student's hair to see if any lice or eggs are present.

Person's authorised by the school principal may also visually check your child's hair for the presence of head lice, when it is suspected that head lice may be present. They do not physically touch the child's head during a visual check.

In cases where head lice are found, the person inspecting the student will inform the student's teacher and the principal. The school will make appropriate contact with the parents/guardians/carers.

Please note that health regulations requires that where a child has head lice, that child should not return to school until appropriate treatment has commenced. The school may request the completion of an 'action taken form', which requires parents/guardians/carers to nominate if and when the treatment has started.

Parent's/guardian's/carer's full name: _____

Parent's/guardian's/carer's full name: _____

Address: _____ Post code: _____

Name of child attending the school:.....

I hereby give my consent for the above named child to participate in the school's head lice inspection program for the duration of their schooling at this school.

Signature of parent/guardian/carer: _____ Date: _____

Signature of parent/guardian/carer: _____ Date: _____

Please inform the school if guardianship/custody changes for your child, as this form will need to be re-signed to reflect these changes. Please also inform the school in writing if you no longer wish to provide consent for the school to undertake head lice inspections for your child.

Asthma

If a student diagnosed with asthma enrols at Lake Bolac College:

1. Parents/carers must provide the school with an Asthma Action Plan which has been completed by the student's medical practitioner. The plan must outline:
   > the prescribed medication taken by the student and when it is to be administered, for example as a pre-medication to exercise or on a regular basis
   > emergency contact details
   > the contact details of the student's medical practitioner
   > the student's known triggers
   > the emergency procedures to be taken in the event of an asthma flare-up or attack.
2. Parents/carers should also provide a photo of the student to be included as part of the student's Asthma Action Plan.
3. Lake Bolac College will keep all Asthma Action Plans in the Office storeroom and in the student/s classroom.
4. School staff may also work with parents/carers to develop a Student Health Support Plan which will include details on:
   - how the school will provide support for the student
   - identify specific strategies
   - allocate staff to assist the student

   Any Student Health Support Plan will be developed in accordance with Lake Bolac College's Healthcare Needs Policy.
5. If a student diagnosed with asthma is going to attend a school camp or excursion, Lake Bolac College parents/carers are required to provide any updated medical information.
6. If a student's asthma condition or treatment requirements change, parent/carers must notify the school and provide an updated Asthma Action.
7. School staff will work with parents/carers to review Asthma Action Plans (and Student Health Support Plans) once a year.

Student asthma kit

All students diagnosed with asthma are required to have a student asthma kit at school which contains:

> their own prescribed reliever medication labelled with the student's name
> their spacer (if they use one)

Students will be required to keep their asthma kits with them while at school.

ASTHMA ACTION PLAN

Take this **ASTHMA ACTION PLAN** with you when you visit your doctor

NAME

DATE

NEXT ASTHMA CHECK-UP DUE

DOCTOR'S CONTACT DETAILS

EMERGENCY CONTACT DETAILS

Name

Phone

Relationship

WHEN WELL

Asthma under control (almost no symptoms)

ALWAYS CARRY YOUR RELIEVER WITH YOU

Your preventer is: ..... (NAME & STRENGTH)

Take ..... puffs/tablets ..... times every day

☐ Use a spacer with your inhaler

Your reliever is: ..... (NAME)

Take ..... puffs .....

When: You have symptoms like wheezing, coughing or shortness of breath

☐ Use a spacer with your inhaler

Peak flow* (if used) above: .....

OTHER INSTRUCTIONS

(e.g. other medicines, trigger avoidance, what to do before exercise)

.....

.....

.....

.....

WHEN NOT WELL

Asthma getting worse (needing more reliever than usual, having more symptoms than usual, waking up with asthma, asthma is interfering with usual activities)

Keep taking preventer: ..... (NAME & STRENGTH)

Take ..... puffs/tablets ..... times every day

.....

☐ Use a spacer with your inhaler

Your reliever is: ..... (NAME)

Take ..... puffs .....

.....

☐ Use a spacer with your inhaler

Peak flow* (if used) between ..... and .....

OTHER INSTRUCTIONS

☐ Contact your doctor

(e.g. other medicines, when to stop taking extra medicines)

.....

.....

.....

.....

IF SYMPTOMS GET WORSE

Severe asthma flare-up/attack (needing reliever again within 3 hours, increasing difficulty breathing, waking often at night with asthma symptoms)

Keep taking preventer: ..... (NAME & STRENGTH)

Take ..... puffs/tablets ..... times every day

.....

☐ Use a spacer with your inhaler

Your reliever is: ..... (NAME)

Take ..... puffs .....

.....

☐ Use a spacer with your inhaler

Peak flow* (if used) between ..... and .....

OTHER INSTRUCTIONS

☑ **Contact your doctor today**

(e.g. other medicines, when to stop taking extra medicines)

Prednisolone/prednisone:

Take ..... each morning for ..... days

.....

.....

.....

DANGER SIGNS

Asthma emergency (severe breathing problems, symptoms get worse very quickly, reliever has little or no effect)

DIAL 000 FOR AMBULANCE

Peak flow (if used) below: .....

Call an ambulance immediately

Say that this is an asthma emergency

Keep taking reliever as often as needed

☐ **Use your adrenaline autoinjector (EpiPen or Anapen)**

National Asthma Council Australia
leading the attack against asthma

nationalasthma.org.au

* Peak flow not recommended for children under 12 years.

ASTHMA ACTION PLAN
what to look out for

WHEN WELL

THIS MEANS:
- you have no night-time wheezing, coughing or chest tightness
- you only occasionally have wheezing, coughing or chest tightness during the day
- you need reliever medication only occasionally or before exercise
- you can do your usual activities without getting asthma symptoms

WHEN NOT WELL

THIS MEANS ANY ONE OF THESE:
- you have night-time wheezing, coughing or chest tightness
- you have morning asthma symptoms when you wake up
- you need to take your reliever more than usual
- your asthma is interfering with your usual activities

THIS IS AN ASTHMA FLARE-UP

IF SYMPTOMS GET WORSE

THIS MEANS:
- you have increasing wheezing, cough, chest tightness or shortness of breath
- you are waking often at night with asthma symptoms
- you need to use your reliever again within 3 hours

THIS IS A SEVERE ASTHMA ATTACK (SEVERE FLARE-UP)

DANGER SIGNS

THIS MEANS:
- your symptoms get worse very quickly
- you have severe shortness of breath, can't speak comfortably or lips look blue
- you get little or no relief from your reliever inhaler

CALL AN AMBULANCE IMMEDIATELY: DIAL 000
SAY THIS IS AN ASTHMA EMERGENCY

DIAL 000 FOR AMBULANCE

ASTHMA MEDICINES

PREVENTERS

Your preventer medicine reduces inflammation, swelling and mucus in the airways of your lungs. Preventers need to be taken **every day**, even when you are well.

Some preventer inhalers contain 2 medicines to help control your asthma (combination inhalers).

RELIEVERS

Your reliever medicine works quickly to make breathing easier by making the airways wider.

Always carry your reliever with you – it is essential for first aid. Do not use your preventer inhaler for quick relief of asthma symptoms unless your doctor has told you to do this.

To order more Asthma Action Plans visit the National Asthma Council website. A range of action plans are available on the website – please use the one that best suits your patient.

nationalasthma.org.au

Developed by the National Asthma Council Australia and supported by GSK Australia.

National Asthma Council Australia retained editorial control. © 2015

National Asthma Council Australia
leading the attack against asthma

Anaphylaxis

All students at Lake Bolac College who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the principal of Lake Bolac College is responsible for developing a plan in consultation with the student's parents/carers.

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrols at Lake Bolac College and where possible, before the student's first day.

Parents and carers must:

- obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
- immediately inform the school in writing if there is a relevant change in the student's medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis
- provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
- provide the school with a current adrenaline autoinjector for the student that has not expired;
- participate in annual reviews of the student's Plan.

Each student's Individual Anaphylaxis Management Plan must include:

- information about the student's medical condition that relates to allergies and the potential for anaphylactic reaction, including the type of allergies the student has
- information about the signs or symptoms the student might exhibit in the event of an allergic reaction based on a written diagnosis from a medical practitioner
- strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school
- the name of the person(s) responsible for implementing the risk minimisation strategies, which have been identified in the Plan
- information about where the student's medication will be stored
- the student's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

Review and updates to Individual Anaphylaxis Plans

A student's Individual Anaphylaxis Plan will be reviewed and updated on an annual basis in consultation with the student's parents/carers. The plan will also be reviewed and, where necessary, updated in the following circumstances:

- as soon as practicable after the student has an anaphylactic reaction at school
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- when the student is participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts.

Our school may also consider updating a student's Individual Anaphylaxis Management Plan if there is an identified and significant increase in the student's potential risk of exposure to allergens at school.

Location of plans and adrenaline autoinjectors

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at the Office. Whilst some students keep their adrenaline autoinjector on their person, medication for those that do not will be stored and labelled with their name at the Office, together with adrenaline autoinjectors for general use..

ascia
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

For use with adrenaline (epinephrine) autoinjectors

Name: _____

Date of birth: _____

Photo

Confirmed allergens:

Family/emergency contact name(s):

_____

_____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by medical or nurse practitioner:

_____

I hereby authorise medications specified on this plan to be administered according to the plan

Signed:

_____

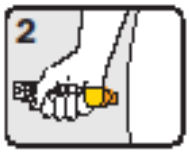
Date: _____

Action Plan due for review – date:

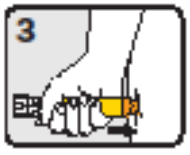
_____

How to give EpiPen® adrenaline (epinephrine) autoinjectors

Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds

REMOVE EpiPen®

EpiPen® is prescribed for children over 20kg and adults. EpiPen®Jr is prescribed for children 10-20kg

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy ☐ seek medical help or ☐ freeze tick and let it drop off
- Stay with person and call for help
- Locate adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- **Difficult/noisy breathing**
- **Swelling of tongue**
- **Swelling/tightness in throat**
- **Wheeze or persistent cough**
- **Difficulty talking and/or hoarse voice**
- **Persistent dizziness or collapse**
- **Pale and floppy (young children)**

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- **If unconscious, place in recovery position**
- **If breathing is difficult allow them to sit**

2 Give adrenaline autoinjector

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline doses may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: ☐ Y ☐ N

- *If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.*
- *Continue to follow this action plan for the person with the allergic reaction.*

© ASCIA 2018 This plan was developed as a medical document that can only be completed and signed by the patient's medical or nurse practitioner and cannot be altered without their permission

ascia
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

For use with adrenaline (epinephrine) autoinjectors

Name: _____

Date of birth: _____

Photo

Confirmed allergens:

Family/emergency contact name(s):

_____

_____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by medical or nurse practitioner:

_____

I hereby authorise medications specified on this plan to be administered according to the plan

Signed:

_____

Date: _____

Action Plan due for review – date:

_____

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

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- For tick allergy ☐ seek medical help or ☐ freeze tick and let it drop off
- Stay with person and call for help
- Locate adrenaline autoinjector
- Give other medications (if prescribed).....
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- **Swelling/tightness in throat**
- **Wheeze or persistent cough**
- **Difficulty talking and/or hoarse voice**
- **Persistent dizziness or collapse**
- **Pale and floppy (young children)**

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- **If unconscious, place in recovery position**
- **If breathing is difficult allow them to sit**

2 Give adrenaline autoinjector

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline doses may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

Refer to the device label for instructions on how to give an adrenaline (epinephrine) autoinjector.

Instructions are also on the ASCIA website www.allergy.org.au/anaphylaxis

Adrenaline autoinjectors (300 mcg) are prescribed for children over 20kg and adults. Adrenaline autoinjectors (150 mcg) are prescribed for children 10-20kg.

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: ☐ Y ☐ N

- *If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.*
- *Continue to follow this action plan for the person with the allergic reaction.*

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ascia

www.allergy.org.au

ACTION PLAN FOR Allergic Reactions

Name: _____

Date of birth: _____

Photo

Confirmed allergens:

Family/emergency contact name(s):

_____

_____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by medical or nurse practitioner:

_____

I hereby authorise medications specified on this plan to be administered according to the plan

Signed:

_____

Date: _____

Action Plan due for review – date:

_____

Note: This ASCIA Action Plan for Allergic Reactions is for people with mild to moderate allergies, who need to avoid certain allergens.

For people with severe allergies (and at risk of anaphylaxis) there are red ASCIA Action Plans for Anaphylaxis (brand specific or generic versions) for use with adrenaline (epinephrine) autoinjectors.

Instructions are on the device label.

Adrenaline autoinjectors (300 mcg) are prescribed for children over 20Kg and adults. Adrenaline autoinjectors (150 mcg) are prescribed for children 10-20Kg.

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
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- Stay with person and call for help
- Give other medications (if prescribed).....
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- **Difficult/noisy breathing**
- **Swelling of tongue**
- **Swelling/tightness in throat**
- **Wheeze or persistent cough**
- **Difficulty talking and/or hoarse voice**
- **Persistent dizziness or collapse**
- **Pale and floppy (young children)**

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- **If unconscious, place in recovery position**
- **If breathing is difficult allow them to sit**

2 Give adrenaline (epinephrine) autoinjector if available

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector FIRST if available, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: ☐ Y ☐ N

- *If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.*
- *Continue to follow this action plan for the person with the allergic reaction.*

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Form 1: Application for Permission to Travel – Eligible Students

Department of Education and Early Childhood Development

PUBLIC TRANSPORT VICTORIA

Year		Term		PLEASE ENSURE ALL PAGES ARE COMPLETED AND SIGNED

STUDENT DETAILS

Residential address					Postcode	
Name of parent/guardian					Telephone	
Emergency contacts	Name		Relationship		Telephone	
	Name		Relationship		Telephone	
Exact distance (in km) by the shortest practicable route			From home to school		From home to bus stop	

Student one

Full name		Date of birth		Year level at time of travel	
School enrolled			Travel start date		
Any medical problems or requirements the driver should be notified of? If yes, please provide details.					
Which days do you intend to use this service? (please use **X** to highlight)					

MON	☐	TUE	☐	WED	☐	THU	☐	FRI	☐

Student two

Full name		Date of birth		Year level at time of travel	
School enrolled			Travel start date		
Any medical problems or requirements the driver should be notified of? If yes, please provide details.					
Which days do you intend to use this service? (please use **X** to highlight)					

MON	☐	TUE	☐	WED	☐	THU	☐	FRI	☐

Student three

Full name		Date of birth		Year level at time of travel	
School enrolled			Travel start date		
Any medical problems or requirements the driver should be notified of? If yes, please provide details.					
Which days do you intend to use this service? (please use **X** to highlight)					

MON	☐	TUE	☐	WED	☐	THU	☐	FRI	☐

OFFICE USE ONLY

Bus route		Seat number		Bus operator	
Pick-up bus stop			Drop off bus stop		
Have any of these students been granted eligibility on the basis of an exemption?	Yes/No	If yes, specify exemption	Student one		
			Student two		
			Student three		

Conditions of Travel

To ensure the safety of all passengers on school buses, the following conditions apply at all times.

To ensure safe travel on school buses, students must agree to the following:

- Not to play on the road at the bus stop or try to get on the bus before it has stopped.
- Make sure you and your belongings are inside the bus at all times.
- Not throw anything from a bus window or have anything hanging out a window.
- Place bags and other belongings in the allocated storage areas.
- Get on and off the bus quietly and in an orderly manner.
- Stay in your seat while the bus is moving.
- Not distract drivers with screaming, shouting or unruly behaviour.
- When you get off the bus only cross the road when the bus has left and it is safe to do so.
- No dangerous or flammable goods are allowed on the bus, for example aerosol cans.
- Travel on the bus service allocated to you, to and from your approved bus stop only. Do not change to one that will take you to a sports or social event.
- Wear a seat belt where fitted.

To ensure students are considerate to one another and their bus driver, they must agree to:

- In the morning, arrive at the bus stop 10 minutes prior to departure.
- Not eat, drink or smoke while on the school bus.
- In the morning, let the school and driver know if you will not be travelling home on the bus that day.
- Use a standard conversational tone and do not call out to others on board or to passing traffic or people.
- Listen to the bus driver and bus captain. They are responsible for maintaining school bus safety and also have the authority to report any misbehaviour or vandalism.
- Leave your bike in a safe and secure place if riding to the bus stop. Public Transport Victoria and the Department of Education and Early Childhood Development are unable to accept responsibility for the safety of your bike.

Behaving inappropriately on a school bus places the safety and wellbeing of all on board at risk.

Non-compliance with any of the above conditions may result in the following:

- The driver will stop the bus.
- The offender's name and full details of the breach will be recorded.
- The offender will be transported to school or to their normal drop off.
- The breach will be reported to the coordinating principal.
- The coordinating principal will take disciplinary measures in accordance with the guidelines below.
- In rare and exceptional circumstances, and only as a last resort, drivers are authorised to eject passengers from a bus.

Following the report of a relevant incident, the coordinating principal may take the disciplinary action below:

- First offence – verbal warning to student.
- Second offence – written warning to parent/guardian.
- Third offence – one week suspension of student from school bus travel.
- Fourth offence – the student will not be allowed to travel on the school bus for the remainder of the year.

A serious offence that endangers other students, bus staff or property will result in immediate suspension.

Responsibilities of parents/guardians

- Parents/guardians are responsible for transporting their children to and from authorised bus stops and their safety at the bus stop while waiting for the bus.
- It is most important that parents waiting for bus passengers at a roadside bus stop should wait on the same side of the road as the bus to prevent accidents.
- School bus travel is a privilege and not a right and consequences will follow a breach of these conditions. It is understood that bus travel is provided and accepted on these conditions.

I certify that:

1. **All the above details are true and correct.**
2. **I will notify the principal in writing within 7 days of any change of address or school.**
3. **I agree to pay the costs of repairs or damage to the bus, or its replacement if totally destroyed, caused by the vandalism or deliberate act of my child(ren).**
4. **I consent to release this information to Public Transport Victoria (PTV) to assist with planning for transport services.**

I accept the authority of the coordinating principal with regard to student discipline on the school bus service.
I agree to abide by the above Conditions of Travel.
I understand that if I or my child(ren) do not comply with the Conditions of Travel, it may result in my child(ren) not being permitted to travel on the school bus service.

Parent/guardian name (please print)_____

Parent/guardian signature))_____

Date _____

I accept the authority of the coordinating principal with regard to student discipline on the school bus service.
I agree to abide by the above Conditions of Travel.

Student one name (please print)_____

Sudent one signature_____

Date_____

Student two name (please print)_____

Student two signature_____

Date_____

Student three name (please print)_____

Student three signature_____

Date_____