

ENROLMENT PACK – Part B (K-2)

Application for Enrolment

RIVER VALLEY PRIMARY SCHOOL

OFFICE USE ONLY

Student Name: _____ Date of Birth: ___/___/___ Year: _____

Student's official documentation all sighted (Date): _____ YES NO

Birth certificate Passport Travel document/s

Student's Residency status: .. Local Permanent Resident

Overseas Student: If yes, International fee paying: YES NO

Entry Date: _____

Previous School: _____ Records received: YES NO

Publications/Internet Permission Form completed: YES NO

Contributions and Charges Billing: PG1: ___% PG2: ___% Other: ___%

Official documentation: PG1: ___ PG2: ___ Other: _____
(including reports, to be sent to)

AIR immunisation history statement provided: YES NO

Date of issue: _____ Vaccination status is Up to date Not up to date

If not up to date, additional request/s for documentation on date/s: _____

Other immunisation evidence provided: AIR Immunisation History Form YES NO
Immunisation Certificate issued by the Chief Health Officer YES NO

Kindergarten students only Eligibility for immunisation exemption approved: Code

Form/Class: _____ House Faction: _____

Does the child have an allergy that need to be flagged on SIS? YES NO

Have the relevant health care plans been issued to the parent? YES NO

Has the Principal been informed if:

specific training is required to support the student? YES NO

the student's health care information is to be restricted? YES NO

Approved by Principal: NO YES on (Date): _____

Date Student Health Care Summary was completed and uploaded on SIS: _____

Entered on School Information system by: _____ on (Date): _____

Student leaves school: (Date) _____ Date Transfer Note Sent: _____

Destination: _____

Records received from transferring school: NO YES on (Date): _____

RETENTION AND TRANSFER OF STUDENT ENROLMENT RECORDS:

1. *Enrolment Applications (successful) – The School to retain for 5 years after last action and then destroy.*
2. *Enrolment Applications (unsuccessful) –The School to retain for 2 years after last action and then destroy.*
3. *Enrolment Register (Register of Admissions/Enrolment Cards used prior to the School Information System) – The School to retain for 7 years after last action and then archive and transfer to State Records Office only when advised by Corporate Information Services.*
4. *Enrolment Records (managed in the School Information System) – The School must print out annually for all school leavers, the School must retain for 7 years after the last action and then archive and transfer to State Records Office only when advised by Corporate Information Services.*
5. *Student files – The School must negotiate with the previous school at the local level the transfer within 5 school days.*

This form is intended for children not enrolled at the school in the previous year. For students in the compulsory years of schooling who were enrolled in the previous year please inform the school directly if there are changes needed to update the form.

Parent information about Enrolment in a Western Australian public school (below) provides important information to read before lodging the Enrolment Form with the school.

The form is to be completed in English. If you need help including translation and interpreting services, please ask the school staff about assistance available through the Statewide Services Resource and Information Centre English as an Additional Language or Dialect (EAL/D) Program. Website: <http://det.wa.edu.au/curriculumsupport/eald/detcms/portal/>

ENROLMENT

Parent information about Enrolment in a Western Australian public school

INFORMATION TO BE PROVIDED

The Enrolment Form is intended for children not enrolled at the school in the previous year. For students in the compulsory years of schooling who were enrolled in the previous year please inform the school if there are changes needed to update the form.

The information you provide enables the Department to communicate with you about important matters, to care for your child in emergencies, to plan for special needs and to meet State and National reporting requirements.

Documentary evidence may be required to support any information supplied. Principals may need to consult with the Education Regional Office where evidence has not been supplied. All official records must be on the child's legal name. The use of a preferred name may be possible for informal communication.

Family details should include details of the parent (see definition below) residing at the same address as the student. Details relating to parents not residing with the student may also be included in the **Parent/Guardian Details** section of the form.

The school needs to be advised of any court orders or any changes in relation to the child's name, usual place of residence and/or name and usual place of residence of parent/s.

You may need to provide up to date information about your child's immunisation status when you complete the Enrolment Form.

TRANSPORT

In most cases, transporting your child to school is the parents' responsibility. Enquiries regarding school bus services should be directed either to the school where the application for enrolment is being submitted, or to the Public Transport Authority email enquire@pta.wa.gov.au or telephone 136213. Some special programs include transfer arrangements.

CONFIDENTIALITY

All information provided on this form will be treated confidentially (s 242 of the *School Education Act 1999*).

The Department of Education will provide a report about enrolled children whose immunisation status is 'not up to date' to the Department of Health when requested. The Department of Health will provide assistance to the families of under-vaccinated children. Children whose immunisation is 'not up to date' may be required to stay away from school if an outbreak of a vaccine preventable disease occurs.

INFORMATION ABOUT YOUR OCCUPATION AND EDUCATION

All parents across Australia, no matter which school their child attends, are being asked to provide information about their family background.

Providing this information is voluntary but your information will help the Department of Education to ensure that all students are being well served by our public schools.

CONSENT FORMS

The following forms are attached for parents to consider and sign if in agreement:

Media Consent:	Publication of images of the student and their work.
Chaplain Consent:	For Chaplain to speak with your child if required.
Mobile Phone Policy:	Mobile phones not to be used on school grounds.
Internet Access:	Appropriate use of internet services by students.
Viewing Consent:	For 'Parental Guidance (PG)' items deemed suitable by the teacher and school administration.
Local Excursions:	Agreement to minor excursions, not including excursions which require individual agreement.

STUDENT HEALTH CARE

The Department's *Student Health Care* policy clarifies the actions to be undertaken by public schools to manage student health care needs. All students require an up to date Student Health Care Summary which is available from the school. For students identified as having health conditions requiring support at school, additional form/s will be provided by the school.



River Valley Primary School

STUDENT ENROLMENT FORM

(For enrolment in a Western Australian Public School)

This form is to be completed for children whose application has been accepted by the school. It is intended for children not enrolled at the school in the previous year and for all Pre Primary students. For students in the compulsory years of schooling who were enrolled in the previous year, please inform the school directly if there are changes needed to update the form.

Please read the accompanying *Parent information about Enrolment in a Western Australian public school* before lodging the Enrolment Form with the school.

STUDENT DETAILS

Surname: _____ Legal Surname (if different): _____

Previous Surname (if applicable): _____

1st Name: _____ 2nd Name: _____ 3rd Name: _____

Preferred 1st Name: _____

Email Address: _____

Date of Birth: ____/____/____ Sex: Male Female

Residential Address: _____

Postcode: _____

Telephone (Home): _____ Student's Mobile (if applicable): _____

Car Registration (if applicable): _____

Full Name/s of brothers and sisters attending this school:

Student lives with:

Both Parents	<input type="checkbox"/>	Other	<input type="checkbox"/>
Parent/Guardian/Carer 1	<input type="checkbox"/>	Name	Relationship to student
Parent/Guardian/Carer 2	<input type="checkbox"/>	_____	_____
Independent minor	<input type="checkbox"/>		

(Reg3. School Education Regulations 2000)

For information on access restriction, see *Confidential* section of this form.

Emergency Contacts (Indicate contacts in order of preference):

Name	Phone No.	Mobile No.	Relationship to student
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

STUDENT DETAILS – ADDITIONAL INFORMATION

Evidence of immunisation status

Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old shows my child's vaccination status is Up to date Not up to date as at _____ (date of Statement)
OR

AIR Immunisation History Statement that is not more than six months old shows my child is on a catch up schedule as at _____ (date of Form)
OR

Immunisation Certificate issued by the Chief Health Officer as at _____ (date of Certificate)

Nationality (optional): _____ Country of Birth: _____

Religion: _____. Is the student to be withdrawn from religious instruction? YES NO

Student's First Language: _____

Is the student's descent:Aboriginal YES NO
.....Torres Strait Islander (TSI) YES NO
.....Both Aboriginal and TSI YES NO

Does the student speak a language other than English at home? YES NO

Office Use Only: K/P (Stage 1) Y1 (Stage 2) Y2 (Stage 3) Stage: _____

Does the student mainly speak English at home? YES NO
(If more than one language, indicate the one that is NO, English only
spoken most often.) YES, other - please specify: _____

Australian Citizenship/Permanent Resident: YES NO

Date of Arrival in Australia: _____ Visa Sub-class No: _____ Visa Sub-class No Expiry Date: _____

International Fee Paying (if known): YES NO

Does the student receive any of the following allowances:

Secondary Assistance Youth Allowance
 Assistance for Isolated Children (AIC) Abstudy

Previous School: _____

Reason for change of school (optional): _____

If previously enrolled in Home Education, specify the Education Region: _____

Movement reason (optional): _____

ADDITIONAL INFORMATION FOR STUDENTS ENROLLING IN KINDERGARTEN

Prior to school:

Did the student attend a Child and Parent Centre, in the past year? YES NO

Did the student attend KindiLink, in the past year? YES NO

*Note: **Child and Parent Centres** are located on or near to some public schools. They offer a range of early learning, child and maternal health, parenting support and health promotion programs and services.*

*The **KindiLink** program is a supported playgroup located on some public schools, predominantly for Aboriginal and Torres Strait Islander families.*

CONFIDENTIAL

Access Restriction - Is this student subject to any court orders in respect of their care, welfare and development? YES NO
If YES, please specify and attach supporting documentation.

Is this student in the care of the Department for Child Protection and Family Support's (CPFS) Director General? YES NO

If YES, please specify the name of the CPFS Case Manager, their CPFS District and their contact phone number.

CONSENT FORMS

Parent consent is sought in ATTACHMENT 2 for a variety of school related activities.

MEDICAL DETAILS

Medical Practice (Name and Address): _____

Doctor's Name (1) : _____

Telephone: _____

Doctor's Name (2) : _____

Telephone: _____

Permission to call Doctor: YES NO

Dental Surgery Practice (if applicable, name and address): _____

Dentist's Name: _____ Telephone: _____

Permission to call Dentist: YES NO

Medicare No: _____ Expiry Date: ____ / _____

Medicare Card Individual Reference Number (IRN): _____

Health Care Card (if applicable): YES NO. If Yes, please provide no. _____ Expiry Date: _____

Permission to Administer First Aid?..... YES NO

Do you have ambulance cover? YES NO

Ambulance Cover Insurance Provider: _____ Policy Number: _____

(If there is a medical emergency parents or guardians are expected to meet the cost of the ambulance)

List any essential information that could affect your child in an emergency eg allergy to penicillin.

ADMINISTRATION OF MEDICATION

Written authorisation must be provided for staff to administer any form of medication at school.

Long term medication – Complete the Medication section of the relevant health care plan – see below.

Short term medication – Request and *Administration of Medication form* to complete and return to the school.

Note: All medication required must be supplied by parents/carers.

INFORMED CONSENT

Your child's health care information will be shared with staff on a need to know basis unless otherwise stated.

Do you give permission for the school to share your child's health care information? YES NO

Note: If your child is enrolled in a PEAC or an alternative education program, this includes the transfer of their health care information to the principal or manager of the program.

If no, and the information is to be restricted, who can be informed of your child's health care information?

Does your child have one or more health condition(s) that will require support from school staff?

(Check the box that applies)

NO – Sign below. If your child's requirements change, please notify the school.

Signature: _____ Date: ____ / ____ / ____

Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.

YES – Complete Sections B-D below. You will be given additional forms to complete.

List your child's health condition(s)

SECTION B

IN THE FOLLOWING TABLE, PLEASE INDICATE YOUR CHILD'S CONDITION(S) WHICH REQUIRE THE SUPPORT OF SCHOOL STAFF.

(In response to the information below, you will be given further forms for specific health conditions to complete)

Health conditions (Check the box that applies) **Will school staff require specific training to support your child?**

- | | | |
|---|------------------------------|-----------------------------|
| <input type="checkbox"/> Severe Allergy/Anaphylaxis | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> Minor and Moderate Allergies | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> Activities of Daily Living | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> Other Conditions or Needs (Please specify below) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Has your child's Medical Practitioner provided a health care plan to assist the school to manage the condition?

- YES NO - If yes, please provide a copy of the health care plan.

If you have ticked Yes for specific staff training, please discuss the type of training needed with the Principal.

SECTION C – CONSENT FOR PHOTO IDENTIFICATION ON YOUR CHILD'S HEALTH CARE PLAN

If your child has a condition where an emergency may occur, please indicate whether you give consent for staff to place your child's medical details and photo on view to provide immediate identification.

I give permission for my child's medical details and photo to be on view for staff. YES NO

SECTION D – MEDIC ALERT INFORMATION

Does your child have a Medic Alert bracelet or pendant? YES NO

If yes, provide details below:

Parent/Carer Signature: _____ Date: ____/____/____

Parent/Carer Name: _____

Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.

ON COMPLETION OF THIS FORM, PLEASE REQUEST AND COMPLETE THE RELEVANT HEALTH CARE PLANS.

Note: Where appropriate students should be encouraged to participate in their health care planning.

PARENT / GUARDIAN DETAILS

Parent/Guardian 1 Details

Title: _____ First Name: _____ Second Name: _____ Surname: _____

Please indicate relationship to the student: _____

Please indicate whether you have the: Day to day care of the student **or** Long term care of student.

Fees and charges billing: YES NO If no, who is responsible: _____

Postal Address (if different from student residential address):

Telephone (Home): _____ Email Address: _____

Occupation/Workplace location: _____

Telephone (Work): _____ Mobile No: _____

Do you mainly speak English at home? YES NO

Do you speak a language other than English at home? NO, English only YES, other - please specify:
(If more than one language, indicate the one that is spoken most often)

What is the highest year of primary or secondary school you have completed?

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

What is the level of the highest qualification you have completed?

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

(If you did not attend school, mark 'Year 9 or equivalent or below')

What is your occupation group? _____ *(Insert 1, 2, 3 or 4. Please select the appropriate parental occupation group from the list provided in ATTACHMENT 1. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months, enter '8' above).*

Parent/Guardian 2 Details

Title: ____ First Name: _____ Second Name: _____ Surname: _____

Please indicate relationship to the student: _____

Please indicate whether you have the: Day to day care of the student **or** Long term care of student.

Fees and charges billing: YES NO If no, who is responsible: _____

Postal Address (if different from student residential address):

Telephone (Home): _____ Email Address: _____

Occupation/Workplace location: _____

Telephone (Work): _____ Mobile No: _____

Do you mainly speak English at home? YES NO

Do you speak a language other than English at home? NO, English only YES, other - please specify:
(If more than one language, indicate the one that is spoken most often)

What is the highest year of primary or secondary school you have completed?

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

What is the level of the highest qualification you have completed?

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

(If you did not attend school, mark 'Year 9 or equivalent or below')

What is your occupation group? _____ (Insert 1, 2, 3 or 4. Please select the appropriate parental occupation group from the list provided in ATTACHMENT 1. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months, enter '8' above).

OTHER CONTACT(S) DETAILS

Title: ____ First Name: _____ Second Name: _____ Surname: _____

Please indicate relationship to the student: _____

Postal Address (if different from student residential address):

Telephone (Home): _____ Email Address: _____

Occupation/Workplace location: _____

Telephone (Work): _____ Mobile No: _____

Please advise the school if there are any other contacts you would like recorded.

PRIVACY AND INFORMATION SHARING

I understand that my child's enrolment information is confidential and will be kept as required by the Department of Education's record keeping procedures.

I understand that information on the Enrolment Form will be used to meet the Department of Education's reporting requirements to other Government departments or agencies. This includes providing the Department of Health with my child's immunisation status as requested.

SIGNATURE

Name of person enrolling student:

Title: ____ First Name: _____ Second Name: _____ Surname: _____

Relationship to the student: _____

If this is an enrolment for Kindergarten, I declare this to be the only enrolment made.

Signature: _____ Date: _____
(independent minors and those aged 18 years or older may sign on their own behalf)

Principal Signature

Approved / Not approved

Date: _____

ATTACHMENT 1

Parent Occupation Groups

Relates to questions in Parent 1 and Parent 2 sections of the Application for Enrolment form

GROUP 1	GROUP 2	GROUP 3	GROUP 4
<p>Senior management in large business organisation government administration & defence, and qualified professionals</p>	<p>Other business managers, arts/media/sports persons and associate professionals</p>	<p>Tradesmen/women, clerks and skilled office, sales and service staff</p>	<p>Machine operators, hospitality staff, assistants, labourers and related workers</p>
<p>Senior executive/ manager/ department head in industry, commerce, media or other large organisation.</p> <p>Public service manager (section head or above), regional director, health/education/police/ fire services administrator.</p> <p>Other administrator [school Principal, faculty head/dean, library/museum/gallery director, research facility director].</p> <p>Defence Forces Commissioned Officer.</p> <p>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.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing professional.</p> <p>Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer].</p> <p>Air/sea transport [aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller].</p>	<p>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p>Specialist manager [finance/engineering/production/ personnel/ industrial relations/ sales/marketing].</p> <p>Financial services manager [bank branch manager, finance/ investment/insurance broker, credit/loans officer].</p> <p>Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency].</p> <p>Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author].</p> <p>media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official].</p> <p>Associate professionals generally have diploma/technical qualifications and support managers and professionals.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional.</p> <p>Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager].</p> <p>Defence Forces senior Non-Commissioned Officer.</p>	<p>Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</p> <p>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].</p> <p>Skilled office, sales and service staff</p> <p>Office [secretary, personal assistant, desktop publishing operator, switchboard operator].</p> <p>Sales [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher].</p> <p>Service [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor].</p>	<p>Drivers, mobile plant, production/ processing machinery and other machinery operators</p> <p>Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper].</p> <p>Office assistants, sales assistants and other assistants</p> <p>Office [typist, word processing/data entry/business machine operator, receptionist, office assistant].</p> <p>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].</p> <p>Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant].</p> <p>Labourers and related workers</p> <p>Defence Forces ranks below senior NCO not included in other groups.</p> <p>Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand].</p> <p>Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor].</p>

These categories have been determined nationally and are designed as broad occupational groupings. All Australian states and territories use the same categories.

Consent Form

At **River Valley Primary School** we aim to offer your child the widest range of learning opportunities and celebrate learning whenever possible. This may often require some form of parental consent. This form asks you to consent (or otherwise) to your child's participation / use / access to several aspects of the school program. At all times we make the very best efforts to exercise exemplary standards in respect of duty of care.

MEDIA CONSENT

Your permission is sought for the school to publish video or photographic images of your child and/or samples of your child's school work, to be used by the school and the Department of Education. The purpose of using the images or work will be activities such as promoting the school, school events and student achievements.

Your child's image and/or school work may be published for the above purposes in a range of formats such as hardcopy and digital, including audio and video file formats, and published to a range of media including but not limited to school newsletters, email, school and Department of Education intranet and internet sites including social media websites (e.g. Facebook, YouTube etc.), any third party applications and local newspapers in hardcopy and digital formats, which may enable viewers/readers to identify your child.

The school will endeavour to limit identifying information that accompanies images of your child or child's work; however, there will be occasions when your child's name, class and school may be published along with images.

If you agree to this use of your child's image and school work please complete the consent below. Once signed, the consent will remain effective until such time as you advise the school otherwise.

PERMISSION

I agree to the videoing or photographing of my child and my child's school work during school activities, for use by the school and the Department of Education in the ways stated above.

IMPORTANT: I understand that while the school and Department of Education will only publish my child's information for the above-stated purposes, the internet is accessible by any person worldwide. I understand that my child's information can be accessed, copied and used by any other person using the internet (eg. shared through social media such as Facebook, YouTube, etc.). I understand that once my child's information has been published on the internet the school and Department of Education have no control over its subsequent use and disclosure. I understand that I can withdraw this permission at any time by contacting the school or Department in writing; however, this will not affect materials that have already been published and disseminated.

- Yes, I do give consent
or
 No, I do not give consent.

Signature of parent: _____ **Date:** _____

Chaplain Consent

River Valley Primary School has available the services of YouthCARE Chaplain, Gaye Forsyth, who is based at our school each Thursday.

Chaplains care for the social, emotional, and mental wellbeing of students, families and staff both academically and in their social and family lives. They are qualified in pastoral care and youth work and respect all people, no matter who they are, where they are from, or what their personal belief system is. Please indicate if you give permission for Gaye to speak with your child if required. Parents/caregivers are welcome to arrange an appointment with Gaye to discuss any concerns. Please see the school office to make an appointment.

- Yes, I give permission for my child to see the school Chaplain as required
- No, I do not give consent.

MOBILE PHONE POLICY

Students will turn off all mobile phones before they enter the school grounds. Mobile phones are not to be used in any way from the time they enter school grounds to the conclusion of the school day. This includes smart watches and listening accessories, such as headphones and earbuds. Students must not lend a phone to another student. The person who owns the phone will be held responsible for its use.

If a mobile phone is used in any way on the school grounds or if a mobile phone is found not to be turned off, the phone will immediately be confiscated and stored in the office. The parent(s) of the student who had the phone confiscated will be contacted on the day of the confiscation and arrangements made for an interview with the Principal whereby the phone will then be returned. During this interview a consequence for the student will be discussed.

Any student found to be involved in recording, distributing or uploading inappropriate images or videos of students, parents or staff on school premises will be suspended immediately.

The safety of mobile phones is entirely the student's responsibility and the school will not be held liable for any theft or damage to a student's mobile phone or accept responsibility for investigating loss or damage.

All communication between parents and students during school hours should be through school administration. Students can request to use a school phone if they need to make urgent contact with a parent.

- Yes, I agree with the terms in the mobile phone policy as stated above.
- No, I do not agree.

VIEWING CONSENT

Children often watch videos / DVDs / television documentaries as part of their learning. Almost always these are 'G' rated and don't require consent. Very occasionally something with a 'PG' rating is appropriate for which we would need parental permission.

- Yes, I consent to my child viewing items with a 'PG' rating if deemed suitable by the teacher and school administration.
- No, I do not give consent.

LOCAL EXCURSIONS

Children occasionally walk within the local area for minor excursions under the supervision of the teacher and attend activities in local parks, nature reserves, another school, city council library or shopping centre. On all occasions, parents will be notified of the local excursion.

- Yes, I consent to my child participating in teacher supervised local excursions which may involve short walks to and from the school.
- No, I do not give consent.

Name of student: _____ Year/Class/Room: _____

Name of person signing the consent form:

Title: ____ First Name: _____ Second Name: _____ Surname: _____

Signature: _____

Please indicate relationship to the student (e.g. parent/guardian/responsible person): _____

Online Services Account

Our school provides access to Department of Education online services. These enhance the contemporary learning opportunities available to students and the range of teaching tools available to staff to deliver the Western Australian Curriculum.

We seek approval for your child to be given access to these online services.

The Department's online services currently provide students with access to:

- individual email and calendar accounts;
- the internet, with all reasonable care taken by central office and schools to monitor and control students' access to websites while at school;
- online teaching and learning services such as Connect, web-conferencing and digital resources;
- online file storage and sharing services; and
- these online services at locations other than school.

If you agree to your child using these online services, please sign the Acceptable Use Agreement form and complete the permission slip attached. Please explain the content of the *Acceptable Use Agreement* to your child before the permission slip is signed. **Both forms should be must be completed** so that an online services account can be created for your child.

Please note that while every reasonable effort is made by schools and the Department to prevent student exposure to inappropriate online content when using Department provided online services, it is not possible to completely eliminate the risk of such exposure.

You should be aware that the Department has the right to review, audit, intercept, access and disclose messages created, received or sent over Department online services. Logs of email transactions and internet access data are kept for administrative, legal and security purposes and may be monitored. Similar to other corporate records, emails and internet access records are discoverable in the event of legal action and are subject to provisions of the *Freedom of Information Act 1992* www.foi.wa.gov.au.

You should also be aware that general internet browsing not conducted via the Department's network is **not** monitored or filtered by the Department. The Department encourages close family supervision of all internet use by children in locations other than school, and strongly recommends the use of appropriate internet filtering software. Advice on managing internet use at home can found on the Office of the E-Safety Commissioner website (www.esafety.gov.au/iparent).

APPENDIX B. PERMISSION FOR STUDENTS TO HAVE AN ONLINE SERVICES ACCOUNT



Student's first name:

Student's last name:

Class / Form / Room:

Parent

I give permission for my child to have an online services account.

I DO NOT give permission for my child to have an online services account.

I understand and agree that my child has responsibilities when using the online services provided at school for educational purposes, in accordance with the Acceptable Use Agreement for school students.

I also understand that if my child breaks any of the rules in the agreement that the principal may take disciplinary action in accordance with the Department's *Student Behaviour Policy and Procedures*.

Name of Parent/Guardian: _____

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

Note: While every reasonable effort is made by schools and the Department of Education to prevent student exposure to inappropriate online content when using the Department's Online Services, it is not possible to completely eliminate the risk of such exposure. The Department cannot filter internet content accessed by your child from home or from other locations away from the school. The Department recommends the use of appropriate internet filtering software at home.

Office use only:

Processed on: / / by (initials):

Note: *This agreement should be filed by the school.*

APPENDIX C. ONLINE SERVICES ACCEPTABLE USE AGREEMENT (K-YEAR 2)



I agree to follow the rules set out below when I use the Department-provided online services:

- I will keep my password private and not share with other students.
- I will not let other people logon and/or use my online account.
- I will tell the teacher if I think someone is using my online account.
- I will tell the teacher if I see anything that makes me feel uncomfortable or unsafe that I know I should not access or view at school.
- I will say where other people's pictures or words come from if I copy them from the internet.
- I will check with the teacher before giving information about myself or anyone else when using online services.
- I will take care when using the school's computer equipment.
- I will not use any online service to be mean, rude or unkind about other people.

I understand that if I use the internet or my online account in a way that I should not, then I may not be able to use these in the future.

Name of Student:

Signature of Parent:

Date:

Office use only:

Processed on: / / by (initials):

Note: *This agreement should be filed by the school and a copy kept by the student.*

THIRD PARTY SERVICES

In line with the Department of Education *Students Online in Public Schools Policy*, we are required to notify and/or seek parent/guardian consent for the use of a number of our Third Party Service providers of online applications.

Online third party services:

- Are provided by a vendor to a school external to the Department of Education
- Are free or paid services
- Can include versions that may be downloaded onto staff and student devices

These services provide functions such as:

- School or student management; School Photography
- Teacher administration
- Student learning content or activities
- Communication tools

Online third party services may require:

- Students or teachers to create separate student accounts
- Students to participate in online activities or upload content
- Students or teachers to provide personal student and/or parent information

We're committed to protecting the safety and privacy of student's personal information. There are provisions in law we are bound by. We follow the Australian Privacy Principles in relation to Online Third Party Services.

Online services are essential tools for our teaching, learning and school administration. These include websites, web and mobile applications delivered over the internet. Providers of Online Third Party Services are external to the school, and sometimes hosted outside of Australia. They may need parental consent before we can disclose student information to the service.

The Department has completed security and privacy risk assessments on the services. Information about each service can be found on the attached forms. Details include terms of use, privacy policy, and how they use and share information.

Please read the information following:

- Appendix H
these services require parent notification only. They do not require parental consent.
- Appendix I
please read, then give your consent for your child to use the Online Third Party Services.

A student who does not have consent for those third party services listed in Appendix I, will be unable to access the services until the such time as consent is received.

Should we add any additional services, a new form will be forwarded to parents/guardians.

*The attached documents are effective until **31 March 2027** or while your child is enrolled at River Valley Primary School.*

APPENDIX H. ONLINE THIRD PARTY SERVICES – PARENT NOTIFICATION

I understand that I have been notified and provided access to the terms of use and privacy policy of each of the Online Third Party Services listed. These services have been assessed by the Department and **do not require consent**. This notification risk status is based on the Department of Education (WA) security and privacy risk assessment which reviews consent and data information of the online service.

I understand that my child's personal information will be provided to these Online Third Party Services for registration and use of the services and that this information will be stored within Australia.

Name of Service:	Accessit Library	Data Location: Onshore (inside Australia)
Purpose:	Library Management System	
Information Disclosed:	<ul style="list-style-type: none"> • Student name • Student gender 	<ul style="list-style-type: none"> • School name • Student date of birth
Website:	https://accessitlibrary.com/	
Terms of Use:		
Privacy Policy:	https://accessitlibrary.com/privacy-policy/	
Name of Service:	Fotoworks	Data Location: Onshore (within Australia)
Purpose:	School photography service.	
Information Disclosed:	<ul style="list-style-type: none"> • Student name • Class details 	<ul style="list-style-type: none"> • Student photos or videos • School name
Website:	https://www.fotoworks.com.au/	
Terms of Use:	https://www.fotoworks.com.au/terms-conditions	
Privacy Policy:	https://www.fotoworks.com.au/privacy	

Please contact school administration if you have any queries. If you do not have any queries, no further action is required.

APPENDIX I. ONLINE THIRD PARTY SERVICES – PARENT CONSENT AND AGREEMENT FORM

As the parent/carer of _____, I understand that I have been provided access to the terms of use and privacy policy of each of the Online Third Party Services listed below.

I understand that my child's personal information will be provided to these Online Third Party Services for registration and use and that this information may be stored outside of Australia.

I understand that if I do not consent to my child's personal information being provided to these Online Third Party Services, my child may receive an alternative education program that does not make use of the Online Third Party Services.

I understand that this consent and agreement form is effective until **31 March 2027** or while my child is enrolled at River Valley Primary School.

Name of Service:	Apple School Manager & Related Services	Data Location: Offshore (outside Australia)	Consent:
Purpose:	Apple School Manager is a web-based portal that helps IT administrators deploy iPad and Mac devices, providing students and staff access to various Apple services, 200GB of non-personal iCloud storage, apps and books.		<input type="checkbox"/> Do not Consent
Information Disclosed:	<ul style="list-style-type: none"> • Student name • Student images • Student geolocation data • Other student data 	<ul style="list-style-type: none"> • Student email • Student username • Student gender • Student class details • School name 	
Website:	https://school.apple.com/		
Terms of Use:	https://school.apple.com/		
Privacy Policy:	https://www.apple.com/au/privacy/		
Name of Service:	Acadience Learning Online (including Acadience Reading K-6)	Data Location: Offshore (Outside Australia)	Consent:
Purpose:	Digital assessment and data management platform.		<input type="checkbox"/> Do not Consent
Information Disclosed:	<ul style="list-style-type: none"> • Student email • Student work/content • Student gender • Student grades or performance data 	<ul style="list-style-type: none"> • Student name • Student date of birth • Student other data • School name 	
Website:	https://acadiencelarning.org/acadience-reading/acadience-learning-online/		
Terms of Use:	N/A		
Privacy Policy:	https://acadiencelarning.net/AcadienceDataMgmt_PrivacyStatement.pdf		

Name of Service:	Book Creator	Data Location: Offshore (Outside Australia)	Consent:
Purpose:	This service allows users to create and collaborate on digital books by combining audio, visual and text elements.		<input type="checkbox"/> Do not Consent
Information Disclosed:	<ul style="list-style-type: none"> • Student name • Student work/content • Class details • School name 	<ul style="list-style-type: none"> • Student email • Student photos or videos • Student username 	
Website:	https://bookcreator.com/		
Terms of Use:	https://bookcreator.com/privacy-policy/terms-of-service/		
Privacy Policy:	https://bookcreator.com/privacy-policy/		
Name of Service:	Class Dojo	Data Location: Offshore (Outside Australia)	Consent:
Purpose:	A global community of teachers and families who come together to share kids' most important learning moments, through photos, videos, messages, and more.		<input type="checkbox"/> Do not Consent
Information Disclosed:	<ul style="list-style-type: none"> • Student name • Student email address • Student attendance • Student behaviour • School name 	<ul style="list-style-type: none"> • Student photos or videos • School name • Parent name • Parent contact information 	
Website:	https://www.classdojo.com/en-gb/?redirect=true		
Terms of Use:	https://www.classdojo.com/en-gb/terms/		
Privacy Policy:	https://www.classdojo.com/en-gb/privacy/		
Name of Service:	Code.org	Data Location: Offshore (Outside Australia)	Consent:
Purpose:	Computer science coursework for Prep to Year 12 students. Languages include visual programming, JavaScript, CSS, HTML and others.		<input type="checkbox"/> Do not Consent
Information Disclosed:	<ul style="list-style-type: none"> • Student name • Student age • Student work/content • Student gender • student responses 	<ul style="list-style-type: none"> • Student email • Student photos, audio or videos • Student username • Other student data 	
Website:	https://code.org/		
Terms of Use:	https://code.org/tos		
Privacy Policy:	https://code.org/privacy		

Name of Service:	Jamf School	Data Location: Offshore (Outside Australia)	Consent:
Purpose:	Apple Mobile device Management		<input type="checkbox"/> Do not Consent
Information Disclosed:	<ul style="list-style-type: none"> Staff/Teacher Name, email and personal information 	<ul style="list-style-type: none"> Student name Student email 	
Website:	https://www.jamf.com/products/jamf-school/		
Terms of Use:	https://www.jamf.com/terms-of-use/		
Privacy Policy:	https://www.jamf.com/privacy/		
Name of Service:	3P Learning (Reading Eggs, Reading Eggspress, Mathletics, Mathseeds)	Data Location: Offshore (Outside Australia)	Consent:
Purpose:	Blended teaching software for class, home, and everywhere in between.		<input type="checkbox"/> Do not Consent
Information Disclosed:	<ul style="list-style-type: none"> Student name Student date of birth Student year level Student responses 	<ul style="list-style-type: none"> Student email Student work School name 	
Website:	https://www.3plearning.com/		
Terms of Use:	https://www.3plearning.com/terms/?		
Privacy Policy:	https://www.3plearning.com/privacy/?		
Name of Service:	Phonics Hero	Data Location: Onshore (Within Australia)	Consent:
Purpose:	An online phonics learning platform		<input type="checkbox"/> Do not Consent
Information Disclosed:	<ul style="list-style-type: none"> Student name Grades or Performance Class details 	<ul style="list-style-type: none"> Student email School name 	
Website:	https://www.phonicshero.com		
Terms of Use:	https://www.phonicshero.com/privacy-policy		
Privacy Policy:	https://www.phonicshero.com/terms-of-use/		

Name of Service:	Scholastic Book Club	Data Location: Offshore (Outside Australia)	Consent:
Purpose:	Blended teaching software for class, home, and everywhere in between.		<input type="checkbox"/> Do not Consent
Information Disclosed:	<ul style="list-style-type: none"> • Student name • Parent Name • Parent contact 	<ul style="list-style-type: none"> • Student email • School name 	
Website:	https://www.scholastic.com.au/book-club/book-club-home/		
Terms of Use:	https://www.scholastic.com/terms.htm		
Privacy Policy:	https://www.scholastic.com/privacy.htm		
Name of Service:	Kahoot	Data Location: Offshore (Outside Australia)	Consent:
Purpose:	Game based learning platform.		<input type="checkbox"/> Do not Consent
Information Disclosed:	<ul style="list-style-type: none"> • Student name • Student work/content • Class details 	<ul style="list-style-type: none"> • Student email • School name • Student geolocation data 	
Website:	https://kahoot.com/		
Terms of Use:	https://trust.kahoot.com/terms-and-conditions/		
Privacy Policy:	https://trust.kahoot.com/privacy-policy/ https://kahoot.com/student-privacy-policy/		
Name of Service:	Matific	Data Location: Offshore (Outside Australia)	Consent:
Purpose:	Game based learning platform.		<input type="checkbox"/> Do not Consent
Information Disclosed:	<ul style="list-style-type: none"> • Staff/Teacher name • Student grades or performance data • Staff/teacher email 	<ul style="list-style-type: none"> • Staff/teacher other data • Student Name • School Name 	
Website:	https://www.matific.com/au/en-au/home/ https://www.matific.com/au/en-au/home/matific-olympiad/		
Terms of Use:	https://www.matific.com/au/en-au/home/terms/		
Privacy Policy:	https://www.matific.com/au/en-au/home/privacy/		

Please tick one option below:

- I consent to my child's information being provided to ALL the above Online Third Party Services.
- I DO NOT consent to my child's information being provided to each of the above Online Third Party Services. I have ticked the Do Not Consent box beside the online service that I do not want my child to use.

Parent/carer name:	Student name:
Date:	Student Year:
Signed:	

Please contact school administration if you have any queries.