Application to Enrol in a Victorian Government School

STAWELL SECONDARY COLLEGE

2027

Important: Please provide a copy of Student's **Birth Certificate** when submitting the completed Enrolment form.

This form has been designed to support students to apply for a place at a Victorian Government School. If a student is offered a place at a school, a School Enrolment Form, with attached supporting documentation, may need to be completed to finalise enrolment.

Your child's right to enrolment

Your child is guaranteed a place at the school they are zoned for, as shown on the Find My School website.

This means that if your child lives within the school zone, they must be offered a place when seeking enrolment. To find the school you are zoned for (referred to as your local school) visit www.findmyschool.vic.gov.au

Going to a school outside your zone

You have the choice to seek enrolment at a school that is not your local school. Your child should be offered a place if the school has sufficient accommodation.

If the school has limited accommodation, applications are considered using the priority order of placement. The priority order of placement prioritises out-of-zone siblings and then students in order of closeness of their home to the school.

In exceptional circumstances, a student may be enrolled in a school based on compassionate grounds. Family and student privacy will be maintained when considering applications on compassionate grounds.

To find out more, visit www.vic.gov.au/how-choose-school-and-enrol

Student tests and interviews

Enrolment offers are not dependent on a satisfactory report or interview. Student tests or interviews may only occur after an enrolment offer has been accepted.

Students with disability

Every student has the right to attend their local school. Students with disability have the same right to enrol in their local school as students without disability.

All schools must make reasonable adjustments so that students with disability can learn and achieve on the same basis as students without disability.

You also have the option to seek enrolment for your child at a government specialist school for students with disability.

International students

Fee-paying international students should apply through the Victorian Student Program at www.study.vic.gov.au

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?

☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

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

Do you live in the school's zone?
Go to www.findmyschool.vic.gov.au to find your local school

☐ 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. **Please provide proof of permanent residence to the school as part of your application. The school will let you know what evidence is required**. For more information, please refer to the Residential Address Checklist, available at: content.sdp.education.vic.gov.au/media/100-point-address-checklist-1867**.** When assessing your application, 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:

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

OFFICE USE ONLY				
Proof of the student's permanent residence provided?	☐ Yes	☐ No		
Eligible for enrolment:				
☐ Yes - DNS	☐ Yes - Sibling	☐ Yes – Closeness	☐ Yes – Compassionate	☐ No

PARENT/CARER DETAILS

This form should be completed by parents or carers who are responsible for enrolling their child in school. 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. 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.

Declaration

Information is collected and handled in accordance with the Schools' Privacy Policy, available here: www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx.

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

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.**

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	
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 an Informal Carer's Statutory Declaration, which must be completed.

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 ~~a~~ 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 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 student's additional learning needs?	☐ No ☐ Yes *(provide details):* _____

Does the student have additional needs in any 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 – 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:**		
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	

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

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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

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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 that Adult 1 has completed?**

☐ Year 12 or equivalent

☐ Year 11 or equivalent

☐ Year 10 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'.

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				

STUDENT MEDICAL DETAILS

Send 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:			

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 school 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): _____

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 facilitate the student's transition to school. This may include preparing a behaviour management plan or other appropriate strategies to meet the particular needs of the student. The actions 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

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

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 (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)	

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: _____

Consent for collection use and disclosure of photographs, films and other recording:

Within the physical school environment?	
☐ Yes	☐ No
Within the school community?	
☐ Yes	☐ No
Beyond the school community/publicity?	
☐ Yes	☐ No

Declaration

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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

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: X_____ Date: _____ / _____ / _____

Print Name: _____

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

Print Name: _____

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

STAWELL SECONDARY COLLEGE

COMPUTER & INTERNET USAGE POLICY

Stawell Secondary College has facilities that allow students to access the Internet throughout the entire school. This enables students to use the Internet for research related to their subjects and as a means to contact people and resources worldwide via electronic mail.

During class time, teachers closely supervise students use, but at other times it is impossible to provide this level of supervision. Students accessing the Internet outside class times, are passively supervised (a teacher periodically checks on their progress).

With this privileged access to our computer network and the Internet comes the responsibility of students to not misuse the school's computer system hardware and software and to use the Internet in a responsible fashion. Access can therefore only be obtained after a student has agreed to abide by certain basic computer rules and parents also agree to their child's Internet access. The student will then be issued with a computer access and Internet password

Parents who want their children to use the schools computers but do no wish them to have access to the Internet can do so by signing a declaration below banning Internet privileges. Their children will then be issued with a computer password that denies access to the Internet programs only.

COMPUTER & INTERNET ACCESS RULES

1. Students will not misuse or damage any of the schools computer hardware or computer peripherals.
2. Students will not tamper with, delete or add any foreign software to the schools software registry.
3. Students will not give or allow other students to use their computer network or Internet access password.
4. Students who finish working on a computer will ensure they log off correctly at all times to prevent unauthorised access.
5. Students will not eat food or drink whilst using any of the schools computer terminals.
6. Students will adopt a responsible printer policy by keeping printer wastage to a minimum and will only print school-related material.
7. Students will not use the school's computer network, to run or copy any executable files (exe files), including computer games from the Internet or from home, since computer games are a major source of computer viruses.
8. Students will not bring to school or use on the school's computer network, any external storage devices containing pornographic or any other unsuitable material.
9. Internet use must relate to class work. It is not to be used for downloading MP3 files for example. This also includes use by VCE students during private study.
10. If pornographic or undesirable material is accidentally located, students must notify a staff member immediately
11. Students will not access Chat sites or Messenger services such as MS Messenger
12. Students will not send large numbers of frivolous emails to other students since this only serves to restrict the flow of essential data across the network.
13. Students will not engage in any form of cyber bullying of other students or staff via the schools computer network or email system

ACCESSING OR COPYING UNACCEPTABLE INFORMATION ON EXTERNAL DEVICES OR THE INTERNET (INCLUDING EMAIL) WILL RESULT IN STUDENTS BEING BANNED FROM USING THE COMPUTER FACILITIES FOR UP TO 100 SCHOOL DAYS. STUDENTS WILL THEN NEED TO SHOW JUST CAUSE WHY THEIR COMPUTER & INTERNET ACCESS SHOULD BE RETURNED.

Student Computer & internet declaration

STUDENT FULL NAME ..... **FORM**

I will abide by the rules of using the SSC Computer and Internet system as outlined above. I understand that if I breach these rules I will be banned from Computer and Internet access for up to 100 school days.

STUDENT SIGNATURE X ..... **DATE**

PARENT INTERNET DECLARATION

I agree for my child..... to have access to the school's computer network, the Internet and email both during and outside class time and that he /she understands the rules of usage and the consequences of breaching this understanding.

or

I do not give permission for …… to access, produce or communicate information on the Internet but do give permission for him/her to access the schools local computer network. only.

PARENT/GUARDIAN SIGNATURE: X_____

Print Name: _____

Authority for release/transfer of information

This form is to be used for the transfer of information between schools.

Student Name: _____

Authorisation

I, _____ (Parent / Carer) of the above student hereby authorise

the following school -

_____

_____

to transfer written or verbal information (regarding my child) to the school shown below.

Stawell Secondary College

Parent / Carer Signature X _____

Print Name: _____

Date / /

LOCAL EXCURSION CONSENT FORM 2027

In 2027 Stawell Secondary College may take students outside of school grounds to undertake educational activities in the local area.

The purpose of this form is to obtain parent/carer consent for local excursions 2027.

This form does NOT provide consent for excursions that go beyond the local area.

Local excursions

Local excursions are excursions to locations within walking distance of the school and do not involve 'Adventure Activities'.

Local excursions that your child may participate in throughout 2027 could include:

- Lessons to Main Street, Stawell – students will walk down to Main Street and cross at Patrick Street School Crossing in front of St Patricks Primary school.
- Sporting lessons at North Park, Stawell
- Lessons at Central Park, Stawell
- Lessons at Cato Lake Park, Stawell

Notification of local excursions

Stawell Secondary College will NOT seek further consent from you before local excursions take place. However, we will provide advance notice to parents/carers of upcoming local excursions through Compass.

For local excursions that occur on a recurring basis, Stawell Secondary College will notify parents/carers once only prior to the commencement of the recurring event, eg; weekly sports lessons at the local oval.

Please keep the school informed of any updated contact details to ensure you receive these notifications.

First aid and Medical Attention

Where necessary, school staff will administer first aid. 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 and Training is liable in negligence (liability is not automatic).

Accident and ambulance cover

The Department of Education and Training does not provide student accident insurance or ambulance cover. Parents may wish to obtain this cover, depending on their health insurance arrangements and any other personal considerations.

PLEASE KEEP THE ABOVE SECTION OF THIS FORM AND RETURN THE BELOW CONSENT INFORMATION.

Parent/carer consent for local excursions in 2027

I have read all of the above information in relation to local excursions. I understand that:

- to ensure the school has up-to-date health and contact information about my child, I need to inform the school if this information changes
- the school will notify me prior to a local excursion(s) taking place
- I may withdraw my consent for any/all local excursions at any time prior to the day of the excursion by contacting the College Office.

I give permission for my child _____ (full name)

in Year level _____ to attend local excursions in 2027.

Parent/carer: _____ (print full name)

X_____ (signature) _____/_____/_____(date)

In case of emergency I can be contacted on:

Phone: _____ OR:

Mobile: _____

Alternative emergency contact person:

Name: _____

Relationship to student:_____

Phone number:_____