# SANDRINGHAM COLLEGE

| EXTERNAL VET Student ENROLMENT INFORMATION | Computer Generated Student ID: | |
|---|---|---|

## STUDENT DETAILS

### PERSONAL DETAILS OF STUDENT

| | |
|---|---|
| **Surname:** | **Title:** (Miss Ms Mr) |
| **First Given Name:** | |
| **Second Given Name:** | |
| **Preferred Name** (if applicable): | |
| ❖**Sex** (tick): ☐ Male ☐ Female | **Birth Date:** (dd-mm-yyyy) _____ / _____ / _____ |
| **Student Mobile Number:** | |

### PRIMARY FAMILY HOME ADDRESS:

| | | | |
|---|---|---|---|
| **No. & Street: or Box details** | | | |
| **Suburb:** | | | |
| **State:** | | **Postcode:** | |
| **Telephone Number** | | **Silent Number:** (tick) | ☐ Yes ☐ No |
| **Mobile Number:** | | **Fax Number:** | |

| | | | |
|---|---|---|---|
| **VET Program** | | ☐ Year 1 | ☐ Year 2 |
| **Student Email Address:** | | | |
| **Student Home School:** | | | |
| **Home School Coordinator**: | | Telephone: | |
| **Is there a Medical Alert for the student**: (tick) | ☐ Yes | ☐ No | |

## SIGNATURES

| | |
|---|---|
| Student Signature: | |
| Parent/ Guardian Signature: | |
| Date: | |

# PRIMARY FAMILY DETAILS

## ADULT A DETAILS (PRIMARY CARER):

| | |
|---|---|
| **Sex** (tick): | ☐ Male ☐ Female |
| **Title:** (Ms, Mrs, Mr, Dr etc) | |
| **Legal Surname:** | |
| **Legal First Name:** | |
| **What is Adult A's occupation?** | |
| **Who is Adult A's employer?** | |
| ❖**Does Adult A speak a language other than English at home?** (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)<br>☐ No, English only<br>☐ Yes (please specify): | |
| **Please indicate any additional languages spoken by Adult A:** | |
| **Is an interpreter required?** (tick) | ☐ Yes ☐ No |
| **Main language spoken at home:** | |
| **Are you interested in being involved in school group participation activities? (eg. School Council, excursions)** (tick) | ☐ Adult A ☐ Adult B ☐ Both ☐ Neither |

## ADULT B DETAILS:

| | |
|---|---|
| **Sex** (tick): | ☐ Male ☐ Female |
| **Title:** (Ms, Mrs, Mr, Dr etc) | |
| **Legal Surname:** | |
| **Legal First Name:** | |
| **What is Adult B's occupation?** | |
| **Who is Adult B's employer?** | |
| ❖**Does Adult B speak a language other than English at home?** (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)<br>☐ No, English only<br>☐ Yes (please specify): | |
| **Please indicate any additional languages spoken by Adult B:** | |
| **Is an interpreter required?** (tick) | ☐ Yes ☐ No |
| **Preferred language of notices:** | |

# PRIMARY FAMILY CONTACT DETAILS

## ADULT A CONTACT DETAILS:

*Business Hours:*

| | |
|---|---|
| **Can we contact Adult A at work?** (tick) | ☐ Yes ☐ No |
| **Is Adult A usually home during business hours?** (tick) | ☐ Yes ☐ No |
| **Work Telephone No:** | |
| **Other Work Contact information:** | |
| **Is Adult A usually home AFTER business hours?** (tick) | ☐ Yes ☐ No |
| **Home Telephone No:** | |
| **Other After Hours Contact Information:** | |
| **Email address:** | |
| **Fax Number:** | |

## ADULT B CONTACT DETAILS:

*Business Hours:*

| | |
|---|---|
| **Can we contact Adult B at work?** (tick) | ☐ Yes ☐ No |
| **Is Adult B usually home during business hours?** (tick) | ☐ Yes ☐ No |
| **Work Telephone No:** | |
| **Other Work Contact information:** | |
| **Is Adult B usually home AFTER business hours?** (tick) | ☐ Yes ☐ No |
| **Home Telephone No:** | |
| **Other After Hours Contact Information:** | |
| **Email address:** | |
| **Fax Number:** | |

## PRIMARY FAMILY MAILING ADDRESS:

Write "As Above" if the same as Family Home Address

| No. & Street | |
|---|---|
| **Suburb:** | |
| **State:** | **Postcode:** |

## PRIMARY FAMILY DOCTOR DETAILS:

| Doctor's Name | | **Individual or Group Practice:** (tick) | ☐ Individual    ☐ Group |
|---|---|---|---|
| **No. & Street or Box No.:** | | | |
| **Suburb:** | | | |
| **State:** | | **Postcode:** | |
| **Telephone Number** | | **Fax Number** | |
| **Current Ambulance Subscription:** (tick)  ☐ Yes  ☐ No | | **Medicare Number:** | |

## PRIMARY FAMILY EMERGENCY CONTACTS:

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

## PRIMARY FAMILY BILLING ADDRESS:

Write "As Above" if the same as Family Home Address

| No. & Street | |
|---|---|
| **Suburb:** | |
| **State:** | **Postcode:** |

## OTHER PRIMARY FAMILY DETAILS

| | | | |
|---|---|---|---|
| **Relationship of Adult A to Student:** (tick one) | ☐ Parent  ☐ Foster Parent  ☐ Friend | ☐ Step-Parent  ☐ Host Family  ☐ Self | ☐ Adoptive Parent  ☐ Relative  ☐ Other |
| **Relationship of Adult B to Student:** (tick one) | ☐ Parent  ☐ Foster Parent  ☐ Friend | ☐ Step-Parent  ☐ Host Family  ☐ Self | ☐ Adoptive Parent  ☐ Relative  ☐ Other |

**Information About The Enrolment Form.**
**Please Read This Notice Before Completing The Enrolment Form.**
For Accuracy And Completeness Both The Student Seeking Enrolment
And A Parent/Carer Should Complete The Form.

This confidential enrolment form asks for personal information about the student, family members and others that provide care for them. The main purpose for collecting this information is so that Sandringham College can register the student and allocate staff and resources to provide for their educational and support needs.

Health information is asked for so that staff at Sandringham College can properly care for the student. This includes information about any medical condition or disability the student may have, medication they may rely on while at school, any known allergies and contact details of the student's doctor. Sandringham College depends on all relevant health information being provided because withholding some health information may put the student's health at risk.

Sandringham College requires information about all parents, guardians or carers so that we can take account of family arrangements. Family Court Orders setting out any access restrictions and parenting plans should be made available to Sandringham College. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Principal, Sandringham College, if you would like to discuss, in strict confidence, any matters relating to family arrangements.

### Emergency Contacts
These are people that Sandringham College may need to contact in an emergency.  Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to Sandringham College.

### Student Background Information
This includes information about a person's country of birth, aboriginality, language spoken at home and parent occupation.  This information is collected so that Sandringham College receives appropriate resource allocations for their students.  It is also used by the Department to plan for future educational needs in Victoria.  Some information is sent to Commonwealth government agencies for monitoring, reporting, planning and resource allocation. All of this information is kept strictly confidential and the Department will not otherwise disclose the information to others without your consent or as required by law.

### Religious Affiliation
If a student wants to receive religious instruction while at Sandringham College please complete this section. The Department of Education & Training needs to know what type of religious instruction is sought so the Department can, where possible, provide appropriate religious instruction at Sandringham College.

### Visa status
This information is required to enable Sandringham College to process the student's enrolment.

### UPDATING YOUR SCHOOL RECORDS
Please let Sandringham College know if any information needs to be changed by sending updated information to the school office. During the student's time with Sandringham College we will also send home copies of enrolment information held by us.  Please use this opportunity to let us know of any changes.

### ACCESS TO THE STUDENT RECORD HELD BY SCHOOL
In most circumstances the student can access records about them that are held by Sandringham College.  Please contact the Principal to arrange this. Sometimes access to certain information, such as information provided by someone else, may require a Freedom of Information request.  We will advise you if this is required and tell you how you can do this.

If you have any concerns about the confidentiality of this information please contact the Principal.  The Department can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form. Please call the Department's Privacy Manager on (03) 9637 3601 if you would like this information.

# External VET Students Permission Forms 2016

*Please read, complete and sign each of the sections included in this document. This document will be kept on the student's file. Copies may be requested.*

| | |
|---|---|
| **Name of Student:** | **Home School:** |
| **VET Program:** | **School Contact Person Name:** |
| **Student Mobile Number:** | **Telephone** |
| **Parent /Guardian Name & Contact Details:** | **Email:** |

## VET Student Code of Conduct – External Students

I understand that when I enrol in a VET Program at Sandringham College I agree to **abide by all the Campus rules and regulations** related to acceptable student conduct. I understand that the College will support me to succeed at my studies to the best of my ability. I agree to:

- **comply with the college rules and regulations** as outlined in the student handbook.
- **comply with the classroom rules** stipulated by classroom teachers.
- be **punctual and to regularly attend classes.**
- **provide medical certificates** or other **appropriate documentation** for any **classes unavoidably missed.**
- participate **fully** and **constructively** in all classes.
- **complete and submit all required work**.
- **make the most of the opportunities** provided for me.
- **respect the rights of others to work and learn in a safe, harmonious, positive and supportive environment.**
- **turn off my mobile phones in class and to only use my phone on campus in ways that do not contravene the Campus Code of Conduct and the College Information Network Access Policy**
- **respect the rights and property of others** at all times.
- **not smoke, take drugs / alcohol whilst on campus or attend under the influence of drugs.**
- **not smoke** in the **local neighbourhood**
- **comply with the occupational health and safety regulations relevant to my studies.**
- **promote Sandringham College's good name** in the local area and the wider community **by behaving appropriately**, not only whilst on campus, but also while travelling to and from the College and on College camps and excursions.
- **use the pedestrian crossings** when crossing Bluff Road, Bay Rd and Holloway Road.
- **show courtesy to primary school children, parents and staff.**
- **use rubbish bins** and not drop litter in surrounding streets or on the Campus grounds.
- **not loiter** around homes in Holloway Road and surrounding streets.
- **drive in a safe manner** on campus grounds and on public roads.

*Student's statement of agreement to comply with the Student Code of Conduct*

**I have read the Student Code of Conduct and acknowledge that the Colleges' expectations are reasonable and have been developed in the best interests of all students, the College and its neighbours. Accordingly, I agree to comply with the Campus rules and regulations.**

| : | Signature of Student | **Date:** |
|---|---|---|
| | Signature of Parent/ Guardian : | |

## Personal Information Release

Students enrolled in VET programs through Sandringham College often attain their certificates through partnerships with TAFEs or other training institutions.  Most VET students also undertake a structured Work Placement. These partnerships necessitate the exchange of a student's personal information with -

- the TAFE or other training institution
- a not- for- profit organisation set up to facilitate a Work Placement
- an employer – again to facilitate Work Placement

This personal information could be

- contact details - name, address, telephone number, emergency contact
- VCAA number
- results /outcomes/ competencies
- photographs which may be used by any of these parties for publicity or marketing

**I agree that personal information can be released if necessary as outlined above.**

| Signature of Student | Date: |
|---|---|
| Signature of Parent/ Guardian : | |

## Local Excursions - Curriculum Associated Activities

There are many occasions throughout the year when students are required to go to local venues for curricular associated activities.  We have a **'one form covers all'** process to help reduce the time and paperwork associated with these. **Curriculum associated activities** may involve visits to local associations, businesses and activity centres or may require students attending events outside of school hours. Notices may still be sent home to inform you of the activity and to indicate the cost, what will be needed, transport arrangements, the location and staff assisting.

**Parent/Guardian**

I give permission for my son/daughter to attend **Local Excursions** when required.  I authorise the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to my son/ daughter receiving such medical or surgical treatment as may be deemed necessary.

| Signature of Parent/ Guardian | Date: |
|---|---|
| Emergency Contact Mobile Number: | |

# Cybersafety Agreement 2016

**To the student, and the parent/legal guardian/caregiver**
1. Please read the "Cybersafety at Sandringham College" document and this "Cybersafety Use Agreement" carefully, to check you understand your responsibilities under this agreement
2. Sign the appropriate section on this form.

**We understand that Sandringham College will:**
- do its best to keep the school cybersafe, by maintaining an effective cybersafety program. This includes working to restrict access to inappropriate, harmful or illegal material on the Internet or school ICT equipment/devices at school or at school-related activities, and enforcing the cybersafety regulations and responsibilities detailed in use agreements
- keep a copy of this signed use agreement form on file
- respond appropriately to any breaches of the use agreements
- provide members of the school community with cybersafety education designed to complement and support the use agreement initiative
- welcome enquiries from students or parents about cybersafety issues.

**Student's section**
**My responsibilities include:**
- **I will read** this "Sandringham Student Cybersafety Use Agreement" document and the "Cybersafety at Sandringham College" document carefully and store a copy for future reference.
- **I will follow** the cybersafety rules and instructions whenever I use the school's computer network, Internet access facilities, computers and other school ICT equipment/devices
- **I will also follow** the cybersafety rules whenever I am involved with privately-owned ICT devices/equipment on the school site or at any school-related activity, regardless of its location
- **I will avoid** any involvement with material or activities which could put at risk my own safety, or the privacy, safety or security of the school or other members of the school community
- **I will take proper care** of computers and other school ICT equipment/devices. I know that if I have been involved in the damage, loss or theft of ICT equipment/devices, my family may have responsibility for the cost of repairs or replacement
- **I will ask** the relevant staff member if I am not sure about anything to do with this agreement.

I have read and understand my responsibilities and agree to abide by this Cybersafety Use Agreement. I know that if I breach this use agreement there may be serious consequences.

**Student signature:** |  | **Date:** |

**Section for parent/legal guardian/caregiver**
**My responsibilities include:**
- **I will read** the this "Cybersafety Agreement" and the "Cybersafety at Sandringham College" document carefully and discuss them with my son/daughter so we both have a clear understanding of my child's role in the school's work to maintain a cybersafe environment
- **I will ensure** this use agreement is signed by my child and by me, and returned to the school
- **I will encourage** my son/daughter to follow the cybersafety rules and instructions
- **I will contact** the school if there is any aspect of this use agreement I would like to discuss.

I have read this Cybersafety Use Agreement document and am aware of the school's initiatives to maintain a cybersafe learning environment, including the responsibilities involved.

**Parent/Guardian signature:** |  | **Date:** |