



### Re Enrolment Form 2021

#### Student Details

<b>Surname:</b>	<b>Title: (Miss Ms Mr)</b>
<b>First Given Name:</b>	
<b>Second Given Name:</b>	

#### Activities Permission / General Consent

I give permission for my child to attend CT Barling Reserve (Plenty Road, Reservoir) and KP Hardiman Reserve (Plenty Road, Reservoir) as part of the regular program of Physical Education, Sport and Activities during the 2021 school year.

I also give permission for my child to attend the 2021 Fair Go Sport Athletics Carnival at Meadowglen Athletics Stadium (McDonalds Road, Epping).

I authorize the teacher in charge of the activity to consent, where it is impractical to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

Signature: .....  
(Parent/Guardian)

Date:

#### Recording Authorisation / Photo Permission / Social Media

Reservoir High School is proud of its student's achievements and their learning. At times, Reservoir High School record those achievements. They may be photographic, video, audio or any other form of electronic recording.

By giving consent below, as the parent or legal guardian of the named student, you authorise the use or reproduction of those recordings for any reasonable purpose without acknowledgement or entitlement to reimbursement or compensation. Reasonable purpose includes school website, newsletter and social media pages. If you wish to withdraw this authorisation at a later date you can do so by contacting the school.

I **give** consent for my child's photograph, video, audio to be used

I **do not** give consent for my child's photograph, video, audio to be used

Signature: .....  
(Parent/Guardian)

Date:

## Acceptable Use Agreement

At Reservoir High School we support the right of all members of the school community to access safe and inclusive

learning environments, including digital and online spaces. This form outlines the School's roles and responsibilities in supporting safe digital learning, as well as the expected behaviours we have of our students when using digital or online spaces.

At our School we:

- Have a **Student Wellbeing and Engagement Policy, Behaviour Management Policy and Bullying Prevention Policy** that outlines our School's values and expected standards of student conduct, including consequences for breaching the standards. These Policies extend to online conduct;
- Have programs in place to educate our students to be safe and responsible users of digital technologies;
- Provide information about digital access issues such as online privacy, intellectual property and copyright;
- Supervise and support students using digital technologies in the classroom;
- Use clear protocols and procedures to protect students working in online spaces. This includes reviewing the safety and appropriateness of online tools and communities, removing offensive content at earliest opportunity, and other measures;
  - [Duty of Care and Supervision](http://www.education.vic.gov.au/about/programs/bullystoppers/Pages/prindutycare.aspx) (www.education.vic.gov.au/about/programs/bullystoppers/Pages/prindutycare.aspx)
- Provide a filtered internet service to block inappropriate content. We acknowledge, however, that full protection from inappropriate content cannot be guaranteed
- Use online sites and digital tools that support students' learning;
- Address issues or incidents that have the potential to impact on the wellbeing of our students;
- Refer suspected illegal online acts to the relevant Law Enforcement authority for investigation;
- Support parents and care-givers to understand safe and responsible use of digital technologies and the strategies that can be implemented at home. The following resources provide current information from both the Department of Education & Training and The Children's eSafety Commission:
  - [Bullystoppers Parent Interactive Learning Modules](http://www.education.vic.gov.au/about/programs/bullystoppers/Pages/parentmodules.aspx) (www.education.vic.gov.au/about/programs/bullystoppers/Pages/parentmodules.aspx)
  - [iParent | Office of the Children's eSafety Commissioner](https://www.esafety.gov.au/education-resources/iparent) (https://www.esafety.gov.au/education-resources/iparent)

## STUDENT DECLARATION

When I use digital technologies and the internet I agree to be a safe, responsible and ethical user at all times by:

- Respecting others and communicating with them in a supportive manner
- Never participating in online bullying (e.g. forwarding messages and supporting others in harmful, inappropriate or hurtful online behaviours)
- Protecting my privacy by not giving out personal details, including my full name, telephone number, address, passwords and images
- Protecting the privacy of others by never posting or forwarding their personal details or images without their consent;
- Talking to a teacher or a trusted adult if I personally feel uncomfortable or unsafe online, or if I see others participating in unsafe, inappropriate or hurtful online behaviour.
- Thinking carefully about the content I upload or post online, knowing that this is a personal reflection of who I am and can influence what people think of me
- Reviewing the terms and conditions of use for any digital or online tool (e.g. age restrictions, parental consent requirements), and if my understanding is unclear seeking further explanation from a trusted adult

- Meeting the stated terms and conditions for any digital or online tool, and completing the required registration processes
- Handling ICT devices with care and notifying a teacher of any damage or attention required
- Abiding by copyright and intellectual property regulations by requesting permission to use images, text, audio and video, and attributing references appropriately
- Not accessing media that falls outside the School's policies
- Not downloading unauthorised programs, including games
- Not interfering with network systems and security or the data of another user
- Nor attempting to log into the network with a user name or password of another student
- Only taking and sharing photographs or sound or video recordings when others are aware the recording is taking place and have provided their formal consent as part of an approved lesson

### **Signature**

I understand and agree to comply with the terms of acceptable use and expected standards of behaviour set out within this agreement.

I understand that there are actions and consequences established within the school's Student Wellbeing and Engagement Policy, Behaviour Management Policy and Bullying Prevention Policy if I do not behave appropriately.

Student Name \_\_\_\_\_

Student Signature \_\_\_\_\_



## School profile statement

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([www.education.vic.gov.au/about/programs/bullystoppers/Pages/prindutycare.aspx](http://www.education.vic.gov.au/about/programs/bullystoppers/Pages/prindutycare.aspx))
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([www.education.vic.gov.au/about/programs/bullystoppers/Pages/parentmodules.aspx](http://www.education.vic.gov.au/about/programs/bullystoppers/Pages/parentmodules.aspx))
  - [iParent | Office of the Children's eSafety Commissioner](#)  
(<https://www.esafety.gov.au/education-resources/iparent>)

## Student and Family update details

Please fill in bellow any details that have changed.

### ADULT A DETAILS (PRIMARY CARER)

<b>Title:</b> (Ms, Mrs, Mr, Dr etc)	
<b>Legal Surname:</b>	
<b>Legal First Name:</b>	
<b>What is Adult A's occupation?</b>	
<b>Who is Adult A's employer?</b>	
<b>Is an interpreter required?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>❖What is the occupation group of Adult A?</b> Please select the appropriate parental occupation group from the attached list.  • 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 occupation group list. • If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.	

### Adult B Details

<b>Title:</b> (Ms, Mrs, Mr, Dr etc)	
<b>Legal Surname:</b>	
<b>Legal First Name:</b>	
<b>What is Adult A's occupation?</b>	
<b>Who is Adult A's employer?</b>	
<b>Is an interpreter required?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>❖What is the occupation group of Adult A?</b> Please select the appropriate parental occupation group from the attached list.  • 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 occupation group list. • If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.	

**ADULT A CONTACT DETAILS:**

Business Hours:

<b>Work Telephone No:</b>	
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After Hours:

<b>Home Telephone No:</b>					
<b>Email Address:</b>					
<b>Mobile Number:</b>					
<b>No. &amp; Street Name:</b>					
<b>Suburb:</b>		<b>State:</b>		<b>Postcode:</b>	

**ADULT B CONTACT DETAILS:**

Business Hours:

<b>Work Telephone No:</b>	
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After Hours:

<b>Home Telephone No:</b>					
<b>Email Address:</b>					
<b>Mobile Number:</b>					
<b>No. &amp; Street Name:</b>					
<b>Suburb:</b>		<b>State:</b>		<b>Postcode:</b>	

**PRIMARY FAMILY EMERGENCY CONTACTS: (OTHER THAN PARENT/GUARDIAN)**

	Name	Relationship	Telephone Contact
1			
2			
3			
4			

Access restrictions:

<b>Is the student at risk?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>Is there an Access Alert for the student? (tick)</b>	<input type="checkbox"/> Yes (If Yes, then complete the following questions)	<input type="checkbox"/> No		
<b>Access Type: (tick)</b>	<input type="checkbox"/> Parenting Order	<input type="checkbox"/> Parenting Plan	<input type="checkbox"/> Intervention Order	<input type="checkbox"/> Protection Order
	<input type="checkbox"/> Informal Carer Stat Dec	<input type="checkbox"/> DHHS Authorisation	<input type="checkbox"/> Witness Protection Program Order	<input type="checkbox"/> Other
<b>Describe any Access Restriction:</b>				

**MEDICAL CONDITION DETAILS:**

<b>Does the student suffer from Asthma?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Does the student suffer from Anaphylaxis?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Has an Asthma Management Plan been provided to School?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Has an up to date Anaphylaxis Management Plan been provided to School?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Has an EpiPen been provided to the School?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>PLEASE NOTE: ANY STUDENT WHO IS ANAPHYLACTIC CANNOT ATTEND SCHOOL IF AN UP TO DATE PLAN AND EPIPEN HAS NOT BEEN PROVIDED</b>		