

2024 YEAR 7 ENROLMENT FORM



Please fill in all the details below. Return ALL pages of the Enrolment Form, Consent & Agreements Form and supporting documentation to: Enrolment Officer - Brauer College, PO Box 676, Warrnambool 3280

PERSONAL DETAILS OF STUDENT

Surname: _____ Title: (Miss Ms Mr) _____

First Given Name: _____

Second Given Name: _____

Preferred Name (if applicable): _____

Gender: Male Female Birth Date: (dd-mm-yyyy) _____

Student Mobile Number: _____

PRIMARY FAMILY HOME ADDRESS

No. & Street or PO Box Details: _____

Suburb: _____

State: _____ Postcode: _____

Telephone : _____ Silent : Yes No

Mobile : _____

FAMILY DETAILS

List any other family members attending this school:

OFFICE USE ONLY

Computer Generated Student ID: _____

Child's Name and Birth Date proof sighted: (tick) Yes No Enrolment Date: _____

Year Level: _____ Home Group: _____ Timetabling Group: _____ House: _____ Campus: _____

Student Email Address: _____

Immunisation Certificate received?: (tick) Complete Not sighted

Is there a Medical Alert for the student?: (tick) Yes No

Does the student have a Disability ID Number?: (tick) No Yes Disability ID No.: _____

SECONDARY ENROLMENT FORM



BRAUER COLLEGE
WARRNAMBOOL

PRIMARY FAMILY DETAILS

NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with".

• These questions are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.

ADULT A DETAILS (PRIMARY CARER)

Gender: Male Female

Title: (Ms, Mrs, Mr, Dr etc) _____

Legal Surname: _____

Legal First Name: _____

Adult A's occupation? _____

Adult A's employer? _____

In which country was Adult A born?

Australia Other (please specify):

• 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).

No (English only) Yes (please specify):

Please indicate any additional languages spoken by Adult A:

Is an interpreter required? Yes No

• What is the highest year of primary or secondary school Adult A has completed? (Tick one)
(For persons who have never attended school, mark 'Year 9 or equivalent or below'.)

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 the Adult A has completed? (tick one)

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 A?
Please select the appropriate parental occupation group from the attached list. See Page 24.

- 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 paid work for the last 12 months, enter 'N'.

ADULT B DETAILS

Gender: Male Female

Title: (Ms, Mrs, Mr, Dr etc) _____

Legal Surname: _____

Legal First Name: _____

Adult B's occupation? _____

Adult B's employer? _____

In which country was Adult B born?

Australia Other (please specify):

• Does Adult B speak a language other than English at home? (If more than one language is spoken at home, at home, indicate the one that is spoken most often).

No (English only) Yes (please specify):

Please indicate any additional languages spoken by Adult B:

Is an interpreter required? Yes No

• What is the highest year of primary or secondary school Adult B has completed? (Tick one)
(For persons who have never attended school, mark 'Year 9 or equivalent or below'.)

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 the Adult B has completed? (tick one)

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 B?
Please select the appropriate parental occupation group from the attached list. See Page 24.

- 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 paid work for the last 12 months, enter 'N'.

SECONDARY ENROLMENT FORM



BRAUER COLLEGE
WARRNAMBOOL

PRIMARY FAMILY DETAILS (cont.)

NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with".

ADULT A DETAILS (PRIMARY CARER)

Business Hours:

Can we contact Adult A at work? Yes No

Is Adult A usually home during business hours? Yes No

Work Telephone No: _____

Other information: _____

After Hours:

Is Adult A usually home AFTER business hours? Yes No

Home Telephone No: _____

Other After Hours Contact Information: _____

Adult A's preferred method of contact: (tick one)

Mail Email Facsimile

Email Address: _____

Main Language Spoken at Home: _____

Preferred Language of Notices: _____

Are you interested in being involved in school group participation activities?

- Excursions Yes No
- Parent Friends Association Yes No
- School Council Yes No

Primary Family Mailing Address:

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

No. & Street or PO Box: _____

Suburb: _____

State: _____ Postcode: _____

ADULT B DETAILS

Business Hours:

Can we contact Adult B at work? Yes No

Is Adult B usually home during business hours? Yes No

Work Telephone No: _____

Other information: _____

After Hours:

Is Adult B usually home AFTER business hours? Yes No

Home Telephone No: _____

Other After Hours Contact Information: _____

Adult B's preferred method of contact: (tick one)

Mail Email Facsimile

Email Address: _____

Main Language Spoken at Home: _____

Preferred Language of Notices: _____

Are you interested in being involved in school group participation activities?

- Excursions Yes No
- Parent Friends Association Yes No
- School Council Yes No

Primary Family Mailing Address:

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

No. & Street or PO Box: _____

Suburb: _____

State: _____ Postcode: _____

SECONDARY ENROLMENT FORM

ALTERNATIVE/ADDITIONAL FAMILY DETAILS (if applicable)

•These questions are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.

ADULT A DETAILS (PRIMARY CARER)

Gender: Male Female

Title: (Ms, Mrs, Mr, Dr etc) _____

Legal Surname: _____

Legal First Name: _____

Adult A's occupation? _____

Adult A's employer? _____

In which country was Adult A born?

Australia Other (please specify): _____

• 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).

No (English only) Yes (please specify): _____

Please indicate any additional languages spoken by Adult A: _____

Is an interpreter required? Yes No

• What is the highest year of primary or secondary school Adult A has completed? (Tick one)
(For persons who have never attended school, mark 'Year 9 or equivalent or below'.)

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 the Adult A has completed? (tick one)

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 A? Please select the appropriate parental occupation group from the attached list. See Page 24.

• 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 paid work for the last 12 months, enter 'N'.

ADULT B DETAILS

Gender: Male Female

Title: (Ms, Mrs, Mr, Dr etc) _____

Legal Surname: _____

Legal First Name: _____

Adult B's occupation? _____

Adult B's employer? _____

In which country was Adult B born?

Australia Other (please specify): _____

• Does Adult B speak a language other than English at home? (If more than one language is spoken at home, at home, indicate the one that is spoken most often).

No (English only) Yes (please specify): _____

Please indicate any additional languages spoken by Adult B: _____

Is an interpreter required? Yes No

• What is the highest year of primary or secondary school Adult B has completed? (Tick one)
(For persons who have never attended school, mark 'Year 9 or equivalent or below'.)

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 the Adult B has completed? (tick one)

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 B? Please select the appropriate parental occupation group from the attached list. See Page 24.

• 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 paid work for the last 12 months, enter 'N'.

SECONDARY ENROLMENT FORM

ALTERNATIVE/ADDITIONAL FAMILY DETAILS (cont.)

ADULT A DETAILS (PRIMARY CARER)

Business Hours:

Can we contact Adult A at work? Yes No

Is Adult A usually home during business hours? Yes No

Work Telephone No: _____

Other information: _____

After Hours:

Is Adult A usually home AFTER business hours? Yes No

Home Telephone No: _____

Other After Hours Contact Information: _____

Adult A's preferred method of contact: (tick one)

Mail Email Facsimile

Email Address: _____

Main Language Spoken at Home: _____

Preferred Language of Notices: _____

Are you interested in being involved in school group participation activities?

- Excursions Yes No

- Parent Friends Association Yes No

- School Council Yes No

Primary Family Mailing Address:

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

No. & Street or PO Box: _____

Suburb: _____

State: _____ Postcode: _____

ADULT B DETAILS

Business Hours:

Can we contact Adult B at work? Yes No

Is Adult B usually home during business hours? Yes No

Work Telephone No: _____

Other information: _____

After Hours:

Is Adult B usually home AFTER business hours? Yes No

Home Telephone No: _____

Other After Hours Contact Information: _____

Adult B's preferred method of contact: (tick one)

Mail Email Facsimile

Email Address: _____

Main Language Spoken at Home: _____

Preferred Language of Notices: _____

Are you interested in being involved in school group participation activities?

- Excursions Yes No

- Parent Friends Association Yes No

- School Council Yes No

Primary Family Mailing Address:

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

No. & Street or PO Box: _____

Suburb: _____

State: _____ Postcode: _____

SECONDARY ENROLMENT FORM



PRIMARY FAMILY DOCTOR DETAILS

Doctor's Name: _____

Individual or Group Practice: (tick) Individual Group

No. & Street or PO Box details: _____

Suburb: _____

State: _____ Postcode: _____

Telephone Number: _____ Fax Number: _____

Current Ambulance Subscription: (tick) Yes No Medicare Number: _____

PRIMARY FAMILY EMERGENCY CONTACTS (not to be a parent)

	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 or PO Box details: _____

Suburb: _____

State: _____ Postcode: _____

OTHER PRIMARY FAMILY DETAILS

Relationship of Adult A to Student: (tick)

Parent Step-Parent Adoptive Parent Foster Parent Host Family
 Relative Friend Self Other _____

Relationship of Adult B to Student: (tick)

Parent Step-Parent Adoptive Parent Foster Parent Host Family
 Relative Friend Self Other _____

The student lives with the Primary Family: (tick)

Always Mostly Balanced Occasionally Never

Send Correspondence addressed to: (tick)

Adult A Adult B Both Adults Neither

SECONDARY ENROLMENT FORM



DEMOGRAPHIC DETAILS OF STUDENT

• In which country was the student born? Australia Other (please specify): _____

Date of arrival in Australia OR Date of return to Australia: (dd-mm-yyyy) _____

What is the Residential Status of the student? (tick) Permanent Temporary

Basis of Australian Residency:

Eligible for Australian Passport Holds Australian Passport Holds Permanent Residency Visa

Visa Sub Class: _____ Visa Expiry Date: (dd-mm-yyyy) _____

Visa Statistical Code: (Required for some sub-classes) _____

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

• Does the student speak a language other than English at home? (tick) No, English only
(If more than one language is spoken at home, indicate the one that is spoken most often) Yes, please specify _____

• Does the student speak English? (tick) Yes No

• Is the student of Aboriginal or Torres Strait Islander origin? (tick one)

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

What is the student's living arrangements? (tick one)

At home with TWO Parents/Guardians State Arranged Out of Home Care (# See Note)
 At home with ONE Parent/Guardian Homeless Youth Independent

State Arranged Out of Home Care - Students who have been subject to protective intervention by the Department of Human Services and live in alternative care arrangements away from their parents. These DHS-facilitated care arrangements include living with relatives or friends (kith and kin), living with non-relative families (foster families or adolescent community placements) and living in residential care units with rostered care staff.

Student's Religion: _____

SECONDARY ENROLMENT FORM



SCHOOL DETAILS

Date of first enrolment in an Australian School: (dd-mm-yyyy) _____

Name of previous School: _____

Years of previous education: _____

What was the language of the student's previous education? _____

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

Years of interruption to education: _____

Is the student repeating a year? Yes No

Will the student be attending this school full time? (tick) Yes No

If No, what will be the time fraction that the student will be attending this school? (i.e. 0.8 = 4 days/week) _____

Other school Name: _____ Time fraction: 0. Enrolled: Yes No

Other school Name: _____ Time fraction: 0. Enrolled: Yes No

CONDITIONAL ENROLMENT DETAILS

In some circumstances a child may be enrolled conditionally, particularly if the required enrolment documentation to determine the shared parental responsibility arrangements for a child is not provided. Please refer to the School Policy & Advisory Guide's Admission page for more information (<http://www.education.vic.gov.au/school/principals/spag/participation/Pages/admission.aspx>).

Enrolment conditions:

OFFICE USE ONLY

Has the documentation been provided and retained on school records? (tick) Yes No

Have the conditions been met to complete the enrolment? (tick) Yes No

SECONDARY ENROLMENT FORM



STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

Is the student at risk? Yes No

Is there an Access Alert for the student? (tick)

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

No (If No, move to the immunisation / medical condition details questions.)

Access Type: (tick) Court Order Family Law Order Restraining Order Other _____

Describe any Access Restriction: _____

Is there an Activity Alert for the student? (tick) Yes No

If yes, describe the Activity Restriction: _____

OFFICE USE ONLY

Current custody document placed on student file? (tick) Yes No

In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school; I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to: (cross out any unacceptable statement)

- consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
- administer such first aid as the Principal or staff member may judge to be reasonably necessary.

Signature of Parent/Guardian: _____

Date: (dd-mm-yyyy) _____

SECONDARY ENROLMENT FORM



STUDENT MEDICAL DETAILS

MEDICAL CONDITION DETAILS:

Does the student suffer from any of the following impairments? (tick)

Hearing: Yes No Vision: Yes No Speech: Yes No Mobility: Yes No

Does the student suffer from Asthma? (tick) If No, please go to the Other Medical Conditions section Yes No

Asthma Medical Condition Details:

ANSWER THE FOLLOWING QUESTIONS ONLY IF THE STUDENT SUFFERS FROM ANY ASTHMA MEDICAL CONDITIONS.

Please indicate if the student suffers from any of the following symptoms: (tick)	If my child displays any of these symptoms please:	
	YES	NO
Cough	Inform Doctor	
Difficulty Breathing	Inform Emergency Contact	
Wheeze	Administer Medication	
Exhibits symptoms after exertion	Other Medical Action	
Tight Chest	If yes, please specify:	

Has an Asthma Management Plan been provided to School? Yes No

Does the student take medication? (tick) Yes No Name of medication taken: _____

Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick) Preventative Response

Indicate the usual dosage of medication taken: _____ Indicate how frequently the medication is taken: _____

Medication is usually administered by: (tick) Student Nurse Teacher Other _____

Medication is stored: (tick) with Student with Nurse Fridge in Staff Room Elsewhere

Dosage time: _____ Reminder required? (tick) Yes No Poison Rating: _____

Please note: Paracetamol cannot be administered to students by office / teaching staff

Other Medical Conditions

(More copies of the other medical condition forms are available on request from the school)

Does the student have any other medical condition? (tick) Yes No

If yes, please specify: _____

Symptoms: _____ If my child displays any of these symptoms please: (tick)

Inform Doctor Yes No Inform Emergency Contact Yes No

Administer Medication Yes No Other Medical Action Yes No

If yes, please specify: _____

Does the student take medication? (tick) Yes No Name of medication taken: _____

Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick) Preventative Response

Indicate the usual dosage of medication taken: _____ Indicate how frequently the medication is taken: _____

Medication is usually administered by: (tick) Student Nurse Teacher Other _____

Medication is stored: (tick) with Student with Nurse Fridge in Staff Room Elsewhere

Dosage time: _____ Reminder required? (tick) Yes No Poison Rating: _____

SECONDARY ENROLMENT FORM



TRAVEL DETAILS

Does your student require country bus travel or for other travel assistance? (tick)

Yes No

If YES please complete PTV - Application to travel form and return to Brauer College www.vic.gov.au/travelling-school

Type of travel assistance requested? (completion of additional form required)

Access to School Bus

Conveyance Allowance

First date of travel? (tick)

Next school year

Alternate date: (dd-mm-yyyy) _____

Assisted Mobility (if applicable): _____

If applicable, specify the student's mode of assisted mobility.

Wheelchair

Walker

Comments relevant to travel:

OFFICE USE ONLY

Can the student Individual Learning Plan (ILP) include travel training?

Yes No

Is the student attending their nearest school?

Yes No

Does the student reside in Designated Transport Area (DTA)? (if attending special school)

Yes No

Can the student be accommodated on existing route? (if applicable)

Yes No

Pick-up Point: _____ Map Ref: _____ Time AM: _____

Pick-up Point: _____ Map Ref: _____ Time PM: _____

NOTE: Students residing in Rural/Regional Victoria or attending special schools may be entitled to receive transport assistance. The Department may give access to a school bus service or pay a conveyance allowance to assist with the cost of travel. Information on eligibility and the application process can be obtained from the school.

SECONDARY ENROLMENT FORM



Thank you for taking the time to complete this Student Enrolment form. We understand that the information you have provided is confidential and will be treated as such, but the details are required to enable staff to properly enrol your child at our College.



HAVE YOU PROVIDED THE FOLLOWING SUPPORTING DOCUMENTS/INFORMATION:

- All personal information checked and updated on printed details attached
 - Copy Birth Certificate or Passport
 - Copy Visa (if applicable)
 - Emergency contact details
 - Medical Condition details (if applicable)
PLEASE NOTE if you wish us to record that your child has an allergy, you MUST provide us with details of such allergy and the applicable Action Plan for Allergic Reactions.
 - Anaphylactic Plan (if applicable)
 - Asthma Plan (if applicable)
 - Action Plan for Allergic Reaction (if applicable)
-

I certify that the information contained within this form is correct.

Signature of Parent/Guardian: _____

Date: (dd-mm-yyyy) _____

SECONDARY ENROLMENT FORM



BRAUER COLLEGE
WARRNAMBOOL

PARENTAL OCCUPATION GROUP CODES

The codes outlined below are to be used when providing family occupation details for enrolled students. This information is used for determining funding allocations to schools. Less funding requires the College to adjust fees to ensure students continue to receive a high quality and varied education.

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)

GROUP C - TRADESMEN/WOMEN, CLERKS AND SKILLED OFFICE, SALES AND SERVICE STAFF

- Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women 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 / child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

GROUP B - OTHER BUSINESS MANAGERS, ARTS/MEDIA/SPORTSPERSONS AND ASSOCIATE PROFESSIONALS

- Owner / Manager of 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, proof reader, 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 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)

SECONDARY ENROLMENT FORM



BRAUER COLLEGE
WARRNAMBOOL

CONSENTS & AGREEMENTS

COLLEGE EXCURSION PERMISSION

The following is our standard College excursion permission, which will be used for the school year at Brauer College.

I hereby give permission for my child to participate in local College excursions for the duration of the school year at Brauer College, providing a Principal or teacher is in charge and all reasonable care is taken. Parents will always be informed in advance of any activities which require children to leave the College.

COLLEGE MEDIA PERMISSION

I hereby give permission for my child to participate in College media activities for the duration of the

school year at Brauer College. This permission includes my child being photographed or filmed in a College activity by College staff for the Brauer websites (and the College Intranet and other online media formats) and College or external media publications (e.g. The Standard Newspaper).

STUDENT INTERNET/ULTRANET USE & ACCESS AGREEMENT

PARENTS AGREEMENT

I expect my child to follow all rules and responsibilities associated with the Acceptable Use Agreement - ICT Devices and Digital Resources and I agree to my child only publishing appropriate materials on the WWW in accordance with the Brauer College Acceptable Use Agreement.

SIGNATORIES

I declare that I have read and understand all of the above consents and agreements:

By ticking the boxes below I give my consent to the following:

- College Excursion Permission
- College and external Media Permission - Social Media Promotional School Group/Class Photos
- College ICT Devices and Digital Resources Acceptable Use Agreement

Signature(s) of Parents/Guardians:

Parent/Guardian A: _____ Date: (dd-mm-yyyy) _____

Parent/Guardian B: _____ Date: (dd-mm-yyyy) _____

PRIVACY

All personal information provided by you will be kept confidential in accordance with the Information Privacy Act 2009 (Vic). The personal information we collect on you and your child is necessary to properly enrol your child at school.