

Enrolment Application 2023



For Years F-12 students enrolling directly with VSV

Enrolment Category (please tick one)			
Medical <input type="checkbox"/> Physical <input type="checkbox"/> Social/Emotional	Travel <input type="checkbox"/> Australia <input type="checkbox"/> Overseas	Sports/Performance <input type="checkbox"/> Sport <input type="checkbox"/> Dance/Arts	Other <input type="checkbox"/> Young Adult <input type="checkbox"/> Distance <input type="checkbox"/> Ex-Home Schooler

Student Details	
Year Level in 2023: <input type="text"/>	Have you enrolled with VSV before? <input type="checkbox"/> Y <input type="checkbox"/> N
Previous VSV No: <input type="text"/>	
Your VSN: (if known) <input type="text"/>	
Family Name: <input type="text"/>	
First Name: <input type="text"/>	Preferred First Name: <input type="text"/>
Second Name: <input type="text"/>	Date of birth: (dd-mm-yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>
Birth Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Self-described gender: <input type="text"/>	
Student Email: <input type="text"/> <small>Students MUST supply a unique email address. This needs to be different from their Parent/Carer/Sibling in order to have access to VSV Online and VSV Connect.</small>	
Student Mobile No: <input type="text"/>	Home Phone No: <input type="text"/>
Student Postal Address: (No. & St/PO Box Details) <input type="text"/> <small>All students must supply an Australian postal address.</small>	
Suburb/Town: <input type="text"/>	State: <input type="text"/> Postcode: <input type="text"/>

Home Address in Australia (Write 'as above' if same as Postal Address)	
Home Address: (No. & Street Address) <input type="text"/>	
Suburb/Town: <input type="text"/>	State: <input type="text"/> Postcode: <input type="text"/>

Enrolment Office Only					
Enrol Officer	Enrolment Advisor	Date	Student Coordinator	Computer Generated Student ID	Document/s Provided
					<input type="checkbox"/> Proof of Age <input type="checkbox"/> School Report <input type="checkbox"/> Immunisation Certificate

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Primary Carer Information

Enrolment contact details may be used by VSV to communicate general information regarding VSV and its programs.

Parent/Carer 1 (Parent/Carer 1 will be the main contact)	
Title: <input type="text"/>	Family Name: <input type="text"/>
First Name: <input type="text"/>	
Carer's Relationship to Student: (tick one) <input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Host Family <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Self <input type="checkbox"/> Other: (please specify) _____	
Home Phone No: <input type="text"/>	Work Phone No: <input type="text"/>
Mobile: <input type="text"/>	
Email Address: <input type="text"/>	
<small>Unique email address is required in order to register for access to VSV Connect.</small>	

Parent/Carer 2	
Title: <input type="text"/>	Family Name: <input type="text"/>
First Name: <input type="text"/>	
Carer's Relationship to Student: (tick one) <input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Host Family <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Self <input type="checkbox"/> Other: (please specify) _____	
Home Phone No: <input type="text"/>	Work Phone No: <input type="text"/>
Mobile: <input type="text"/>	
Email Address: <input type="text"/>	
<small>Unique email address is required in order to register for access to VSV Connect.</small>	

List any other family members attending VSV in 2023	
Full Name/s:	Relationship:

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Primary Carer Information

Student Emergency Contacts Please include emergency contacts who are NOT the Primary Carer(s). List in order of preference.		
Name:	Relationship:	Telephone Contact:

Access Restrictions
Is the student at risk? <input type="checkbox"/> No <input type="checkbox"/> Yes
Is there an Access Alert for the student? (tick) <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, then complete the following questions and present a current copy of the document to the school.)
Access Type*: <input type="checkbox"/> Parenting Order <input type="checkbox"/> Parenting Plan <input type="checkbox"/> Intervention Order <input type="checkbox"/> Protection Order (tick one) <input type="checkbox"/> Informal Carer Stat Dec <input type="checkbox"/> DFFH Authorisation <input type="checkbox"/> Witness Protection Program Order <input type="checkbox"/> Other
Describe any Access Restrictions:
Is there an Activity Alert for the student? <input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, then describe the Activity Restriction: This field relates to things such as excursions, camps or when the student visits VSV.

*Failure to supply a copy of any court order with this application will result in a delay in the processing of this enrolment.

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Student Details

These questions must be completed as a requirement of the Australian Commonwealth Government.

Compulsory Student Details

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

Residential status of the student: Permanent Temporary

VSV does not generally accept students on Temporary Visas. Please contact our Enrolment Office if you believe you may be eligible.

Are you an international student? No Yes

Student's Visa Sub Class: Sector of Visa _____

Visa Expiry Date: (dd/mm/yyyy) / / Please provide a copy of your visa and passport with your application.

Does the student mainly speak a language other than English at home? No, English only Yes (please specify) _____

Does the student speak English? No Yes

Is the student of Aboriginal or Torres Strait Islander origin? No Yes, Aboriginal Yes, Torres Strait Islander
 Yes, Aboriginal & Torres Strait Islander

Is the student currently involved with Youth Justice (in custody, remand or sentence, or in community)? No Yes (please specify) _____

What is the student's living arrangement? At home with TWO Parents/Carers At home with One Parent/Carer
(Tick one) Homeless Youth Independent Out of Home Care – informal
 Out of Home Care* – statutory/court-ordered Out of Home Care – permanent care

*Children and young people in Out of Home Care have been subject to protective intervention by Child Protection. They live in a variety of alternative care arrangements away from their parents, including living with relatives or friends (**kinship care**), living with non-relative families (**home-based care, sometimes known as foster care**) and living in residential care units with rostered care staff (**residential care**). Some children or young people may live in out-of-home care for only a few days or weeks while others may be in care for many years.

Previous School/Institution Information (Prior to Virtual School Victoria)

Name of School:

How long has the student been enrolled at their current or most recent school or institution? _____

Date student last attended school: / / Year level or grade in which the student was last enrolled:

Name and phone number of a teacher at the school who best knows the student's education level:

Name: _____ Phone Number:

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Additional Family Details

Parent/Carer 1	
Family Name:	<input type="text"/>
First Name:	<input type="text"/>
Occupation:	<input type="text"/>
Current Employer: (if applicable)	<input type="text"/>
In which country were they born?	<input type="text"/>
Does the Parent 1/Carer 1 speak a language other than English at home? <input type="checkbox"/> No <input type="checkbox"/> Yes: (specify below)	<input type="text"/>
What is the highest year of primary or secondary school the parent/carer has completed? <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below	
What is the level of the highest qualification the parent/carer has completed? <input type="checkbox"/> Bachelor Degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification	
What is the current occupation of the parent/carer? Please select the occupation group letter from the list below.	<input type="text"/>

Parent/Carer 2	
Family Name:	<input type="text"/>
First Name:	<input type="text"/>
Occupation:	<input type="text"/>
Current Employer: (if applicable)	<input type="text"/>
In which country were they born?	<input type="text"/>
Does the Parent 2/Carer 2 speak a language other than English at home? <input type="checkbox"/> No <input type="checkbox"/> Yes: (specify below)	<input type="text"/>
What is the highest year of primary or secondary school the parent/carer has completed? <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below	
What is the level of the highest qualification the parent/carer has completed? <input type="checkbox"/> Bachelor Degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification	
What is the current occupation of the parent/carer? Please select the occupation group letter from the list below.	<input type="text"/>

Parental Occupation Group Codes
<p>Choose the code that best reflects your current situation.</p> <p>Group A: Senior management in large business organisation, government administration and defence, and qualified professionals.</p> <p>Group B: Other business managers, arts/media/sportspersons and associate professionals.</p> <p>Group C: Tradesmen/women, skilled office, sales and service staff.</p> <p>Group D: Machine operators, hospitality staff, assistants, labourers and related workers.</p> <p>Group N: If the person has not been in paid work in the last 12 months.</p> <p>*Note: If 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 the person's last occupation.</p>

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Medical History

Medical Information	
Is the student deaf or hearing impaired?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is the student blind or vision impaired?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Has the student been diagnosed with ASD/Asperger's Syndrome?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does the student have an intellectual disability?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does the student have a physical disability?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does the student have a severe behavioural disorder?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does the student have a severe language disorder?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does the student have a diagnosed mental health condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes: (please specify) _____ _____ _____
Does the student have a history of allergies?	<input type="checkbox"/> No <input type="checkbox"/> Yes: (please specify) _____ _____ _____
Has the student been diagnosed as at risk of anaphylaxis?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Has the student been diagnosed with asthma?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Has the student been diagnosed with diabetes?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Has the student been diagnosed with epilepsy?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Please note: VSV must be provided with a copy of their medical management plan for any diagnosed healthcare need, allergy or relevant medical condition. These may include but may not be limited to allergies, anaphylaxis, asthma, diabetes and epilepsy. Students attending a VSV-approved activity who require medication must provide their own, e.g. EpiPen, and report to the supervising teacher upon arrival.	
Has the student been diagnosed with any other condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes: (please specify) _____ _____ _____
Are there any other medical issues VSV should be aware of? 	

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Medical History

Provide details of any assessments undertaken by the following specialists.
(Provide copies or use an additional page if necessary.)

Specialist	Name of Specialist	Year
Paediatrician		
Optometrist/Ophthalmologist		
Audiologist		
Psychologist		
Psychiatrist		
Speech Therapist		
Occupational Therapist		
Other		

Has the student ever received support from any of the following programs or services?

- | | |
|-----------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Program for Students with Disabilities (PSD) | <input type="checkbox"/> Public Hospital Education Setting |
| <input type="checkbox"/> Visiting Teacher Service | <input type="checkbox"/> Youth Justice System |
| <input type="checkbox"/> DFFH | <input type="checkbox"/> Child FIRST |
| <input type="checkbox"/> Child and Adolescent Mental Health Service (CAMHS) | <input type="checkbox"/> DET Social Worker |
| <input type="checkbox"/> DET Psychologist | <input type="checkbox"/> DET Speech Pathology |
| <input type="checkbox"/> Navigator | <input type="checkbox"/> LOOKOUT Centre |
| <input type="checkbox"/> Other: (please specify) _____ | |

Please list people who can be contacted to support your child's enrolment (e.g. teacher, counsellor, psychologist etc.)

Name	Position	Phone

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Parent/Carer Rights and Responsibilities

Parent/Carer Rights	Parent/Carer Responsibilities
<p>Parents/Carers have the right to:</p> <ul style="list-style-type: none">• meaningful feedback from and communication with teaching staff• be notified of any pertinent information relating to the student• access any information regarding the student within the confines of any legal requirement.	<p>Parent/Carer responsibilities:</p> <ul style="list-style-type: none">• liaising with members of the school community in a safe, positive and respectful manner• providing the school with all relevant information pertaining to the student• working with the school in a variety of forums and responding to communications in a timely manner• supporting students to engage and participate in their learning program and the wider school community• ensuring their child submits work in accordance with the prescribed or negotiated submission timetable.

Consent to Access and Share Student Records

VSV aims to work together with students and their families and supporting practitioners to provide the best possible teaching and support. We use the information we collect on each student in order to establish supports that are required and to provide students with appropriate services.

I give consent for VSV to access and share any existing relevant personal or health information with specialist practitioners or agencies that have been listed in this enrolment application. No Yes

I give consent to be photographed or filmed and understand that the photograph/film may be used for promotional purposes, such as on VSV's website or social media accounts, in the enrolment handbook, or in the newsletter. No Yes

Consent to Use Student Work

At times, VSV staff may wish to publish student work **outside** the VSV Online learning environment for informational and/or promotional purposes. (It is VSV policy to only publish the first name of students.) You will be informed if, when and where your work will be published.

I give permission to share my work on VSV external website, on-site displays, printed materials, and in our e-newsletter. No Yes

Student's Signature: _____

Date: _____

Parent/Carer's Signature: _____
(If student under 16)

Date: _____



Student Rights	Student Responsibilities
<p>All VSV students have the right to:</p> <ul style="list-style-type: none"> engage in regular communication with teaching staff and receive meaningful and timely feedback access learning resources in order to maximise their full potential be respected, valued and have opportunities to learn from the differences of others work independently and as a group member, where appropriate feel safe and welcomed in online learning environments. 	<p>All VSV students are responsible for:</p> <ul style="list-style-type: none"> striving to work to the best of their ability at all times regularly participating by submitting work according to the prescribed or negotiated submission timetable taking responsibility for their own learning by obtaining all required learning materials, setting achievable goals and establishing a weekly routine or timetable maintaining contact with their teachers by utilising all available communication options where possible, attending and participating in seminars, excursions, and online and collaborative activities using digital technology in accordance with VSV Online Acceptable Use Agreement understanding that bullying, including cyber-bullying, violence, property damage, inappropriate language and disrupting the learning of other students is unacceptable behaving in a way that contributes to a safe and inclusive school environment maintaining a healthy balance between study and other aspects of life uphold VSV Values of Respect, Empathy, Collaboration and Growth.

Student Enrolment Agreement

- I agree to abide by VSV Online Acceptable Use Agreement outlined on **page 15**.
- I accept and agree to the student rights and responsibilities outlined above.
- I will submit my work regularly, according to the submission schedules for each subject and will contact VSV if situations arise which prevent this.
- I accept VSV will initiate the Student Management Action Plan (SMAP) for students who do not submit work according to their submission schedule. This may result in my enrolment being reviewed.
- I declare that the information provided on this application is, to the best of my knowledge, true and accurate.

Student's Signature: _____

Date: _____

Parent/Carer's Signature: _____
(If student under 16)

Date: _____